THE CANADIAN NURSE

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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Between Ourselves

By word of mouth, by letter, by telegram, even by cable there has been a most remarkable outpouring of appreciation, congratulations and good wishes ever since the first issue of *L'Infirmière Canadienne* made its appearance last June. Already a number of individual nurses, hospitals and libraries in France, in Italy and in the Far East have sent in payment for new, two-year subscriptions. By the end of July, Hôpital Notre-Dame in Montreal had received nine applications from nurses in foreign countries in response to their advertisement of employment opportunities available.

The space devoted to "Random Comments" does not permit us to publish even a fraction of these letters. Some we have shared with you already. The letters included in this issue will conclude this series. However, we are always delighted to hear from any subscriber at any time. When space permits the letters will be published.

* * *

Miss Margaret Allemang, whose article entitled "An Analysis of the Experiences of Eight Cardiac Patients during a Period of Hospitalization in a General Hospital" was published in the August issue, has asked us to draw your attention to a couple of corrections and an omission. Please turn to page 710 (Fr. 160) and change the figures in the first line of type from "3 hours and 38 minutes" to "3 hours and 18 minutes." This will give the correct total of 198 minutes noted in the table that follows, not the "information above" as noted in that same paragraph.

On that same page 710 (Fr. 159), Miss Allemang feels it would be easier for you to differentiate the four pie diagrams if you would write above each the category of nursing personnel that those graphs represent: Top row, left hand — general staff nurses, right hand — nurse internes; bottom row, left hand — student nurses, right hand — nursing assistants.

* * *

A very interesting symposium on several aspects of surgical nursing was presented in Montreal last spring. This presentation is most timely. There is so much that is highly technical, even spectacular, in the care of surgical patients that there is grave danger that many nurses will forget that their most important contribution to the patient's recovery is the degree to which they have developed the *art of nursing*. To be sure the student nurse must perfect technical skills, the graduate nurse must practise those she has learned. Almost equally important, however, is the development of a nurse-patient relationship that will soothe the terrified or overwrought individual. The patient's comfort, his confidence, the maintenance of his morale — and that of his relatives — are all wrapped up in what we understand as the art of nursing. In these respects the nurse's work is almost equal in importance to that of the surgeon.

* * *

Members of the Canadian Nurses' Association have known for the past 16 months that the next national convention is to be held in Halifax during the week of June 19th, 1960. Though there have been periodic mentions of this forthcoming event in the *Journal*, the volume of information will increase markedly as month follows month.

Consideration is being given at this time to the kinds of material that will be made available to convention registrants at the *Journal* booth. We believe that reference reading lists on a variety of topics would be our most useful contribution. Already, therefore, we have begun to prepare such lists based on articles that have been published in *The Canadian Nurse* during the past decade. We are working on these three now: Trends in nursing, teaching methods, community health and social needs.

What other reference reading lists would you like us to prepare? We would welcome your suggestions.

* * *

Once again we wish to thank all of you who have been moving from one address to another for the promptness with which most of you advise us of the changes. However, a great many of you forget to tell us **your registration number and the province in which you are registered.** It would speed up the work of the Circulation Department very considerably and avoid the possibility of changing the wrong plate if you would remember to give us your registration number, your old address and your new one. Also, please tell us your maiden name if you have been married.

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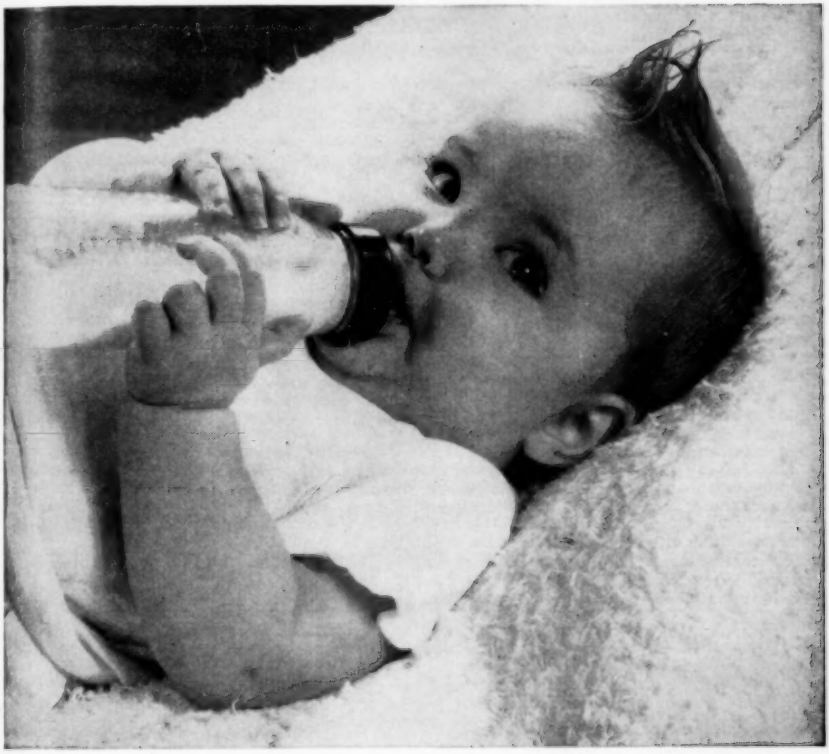

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Manufacturer—Ames Company of Canada Limited, Toronto.

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Administration—Follow carefully detailed instructions.

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Description—Each 30 cc. contains: Hyoscyamine sulfate 0.1037 mg., atropine sulfate 0.0194 mg., hyoscine hydrobromide 0.0065 mg., phenobarbital (1/4 gr.) 16.2 mg., kaolin (90 gr.) 6.0 gm., pectin (2 gr.) 130.0 mg., dihydroxy aluminum aminoacetate (7 1/2 gr.) 0.5 gm.

Manufacturer—A. H. Robins Co., Montreal.

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MEPRANE

Indications—Menopausal syndrome and other forms of hypoestrinism amenable to estrogenic therapy.

Administration—Suggested dosage schedule: Initially 1 tablet daily. Increase to 2 or 3 tablets as required to relieve primary symptoms, then reduce to maintenance level suitable for individual case; or start with 3 tablets daily in single or divided dose, and reduce to one tablet daily when symptoms subside.

Description—Each tablet contains 1 mg. meprane (brand of Promethestrol) dipropionate. High oral estrogenic potency and minimal toxic side effects.

Manufacturer—Reed & Carmrick, Toronto.

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Administration—Two prolonged release capsules every 12 hours (morning and night).

Description—Each prolonged release capsule contains 200 mg. meprobamate.

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

NADORMONE MITIS

Indications—Dysmenorrhea, functional uterine bleeding, menopausal and climacteric disorder.

Administration—As prescribed by the physician.

Description—Each tablet contains: Ethinylestradiol 0.02 mg., methyl testosterone 3 mg.

Manufacturer—Nadeau Laboratory Limited, Montreal.

NOZINAN

Indications—A neuroleptic for selective action in severe depressive conditions of the melancholic type.

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Manufacturer—Poulenc Ltée, 8580 Esplanade, Montreal.

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Random Comments

Dear Editor:

Believe it or not, on July 26, 1959, the last day of my vacation, as I sit in the garden, my hair blown by the wind, I surprised myself by reading conscientiously, page by page, the June, 1959 issue of *L'Infirmière Canadienne*. After returning from a tour of Gaspé, with vivid memories of the ruggedness of Percé Rock and the softness of the cooing of the birds of Bonaventure Island, this is a good idea.

The effects of the cooling breeze and the image of the mountain of St. Anne, increased my interest line after line. I reproach myself for laziness, for skimming through the *Journal*. While throwing peanuts to the squirrels who are apparently starved, and with other distractions such as the rustling of leaves, with each gust a new melody, the pages of the *Journal* slip over one by one. There is page 32, "Writer's Cramp," a paragraph, two paragraphs, all of them. I stopped, experiencing reader's cramp, which, in a way, is appropriate to my situation.

Time has flown since I found relaxation in the writing of my impressions on nursing under a pseudonym. Days slip by!

The spontaniety for writing goes back to 1942, and since with cramps of various kinds, I've been diverted. Nevertheless, a registered nurse for 14 years, who has travelled cheerfully on the road of happy spinsterhood, four years in hospital work, eight doing private duty, two years of which were nights and the rest divided between days and afternoons, in order to try to keep my nervous system on an even keel while looking after those of others; in between, cutting up discarded time sheets. And now, for the past 17 months in public health, where I walk, gropingly, towards progressive enlightment. In preventive medicine my assigned tasks are becoming expanded. Between you and me, institutional and private nursing are two strongholds, quite different from that of public health. At the same time, I must admit, they complement one another. It may come to pass, that I will feel occasional nostalgia for the hospital setting. But in proportion as the prenatals, mothers and infants, and

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the preschool and school children teach me, preventive medicine unfolds a charm for me which holds me spellbound.

Tomorrow, I will return to my work in the milieu of professionals and the vicissitudes of preventive medicine. The round of services will begin again: visiting, clinics, individual work, team functions. Without heavy showers and thick fog, without thunder and a rainbow and without the sun — all the friends of daily living — life would be most monotonous. The length of the hours, the joys, the pains, just one, then the other, will take hold of you.

Lord, simplify in our spirits and our hearts, the confused mass of necessary and customary questions: who, what, where, when and how? May our techniques be perfected with humanity and comprehension.

A. J., Quebec.

Dear Editor:

I read with much interest and pleasure the first issue of *L'Infirmière Canadienne*. This realization fills me with satisfaction, because you have not ignored the many times that I have lodged complaints so that we, French-speaking nurses, might be up to date on the activities and progress of our English-speaking colleagues.

The CNA has shown understanding and the executive deserve congratulations for having granted our requests. This is the best means, I dare say, for increasing friendly understanding, or national unity. Though personnally, I would have preferred a bilingual *Journal*, I was so happy to read in my own language interesting articles written by competent people whose experience is recognized. The format of the *Journal* is pleasing to the eye and I congratulate you. I would also like to congratulate you on the choice of Miss Gabrielle Côté, as assistant editor. She will, I am sure, support you in the arduous task of editing two journals.

Retired, though still interested in the profession, I am,

A. M. B., Quebec.

Dear Editor:

The first French issue was impatiently anticipated, and I found it very interesting; above all the article on renal transplantation. Moreover, this is also what the nurses whom I know in the district have told me.

I am awaiting my next issue.

G. L., Quebec.

Dear Editor:

We wish to commend you in presenting a French edition of the *Journal*. This is in-

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deed a step ahead in nursing journalism, and it should be of great benefit to our French sisters.

M. C. F., British Columbia.

Dear Editor:

Never before have I written a "Dear Editor" letter; after Dr. Young's article in the July issue I feel I must.

As a banker's daughter I had travelled through most of this wonderful country of ours before I was old enough to enter nursing. Since graduation I have taken advantage of the freedom of travel which the profession offers, and have used it solely in Canada to revisit long-remembered and well-loved places, and venture into cities and towns missed previously.

I often wondered when my friends went overseas if I should not do the same. Now I know I have done the right thing in seeing my own country first.

I hope someday to return to Dr. Young's part of the country, to make it my permanent home.

M. M. K., New Brunswick.

Dear Editor:

I was delighted to read the article by Jessica Munro in the April issue, on "The Nurse's Life" as mirrored by Shakespeare, and wondered if the following might interest some of our Canadian nursing colleagues who take pleasure in reading Shakespeare.

A patient's reaction to hospital life

On admission: "O, that a man might know. The end of this . . . e'er it come" (Julius Ceasar)

The Ward Supervisor: "Tis a great charge to come under one body's head" (Merry Wives of Windsor)

Rest in Bed: " . . . starv'd for want of exercise" (Pericles)

The Hot Water Bottle: "Come let me clutch thee" (Macbeth)

"I have great comfort from this fellow" (The Tempest)

Doctor's Examination: "For mine own part it was Greek to me" (Julius Ceasar)

Medicines: "Put this in any liquid and drink it off" (Romeo and Juliet)

Blood Tests: "By the pricking of my thumbs something wicked this way comes" (Macbeth)

Hospital Gown: "You all do know this mantle" (Julius Ceasar)

Operating Room: "Diseases desperate grown, by desperate appliances are relieved, or not at all" (Hamlet)

Anesthetic: "It goes against my stomach" (As You Like It)

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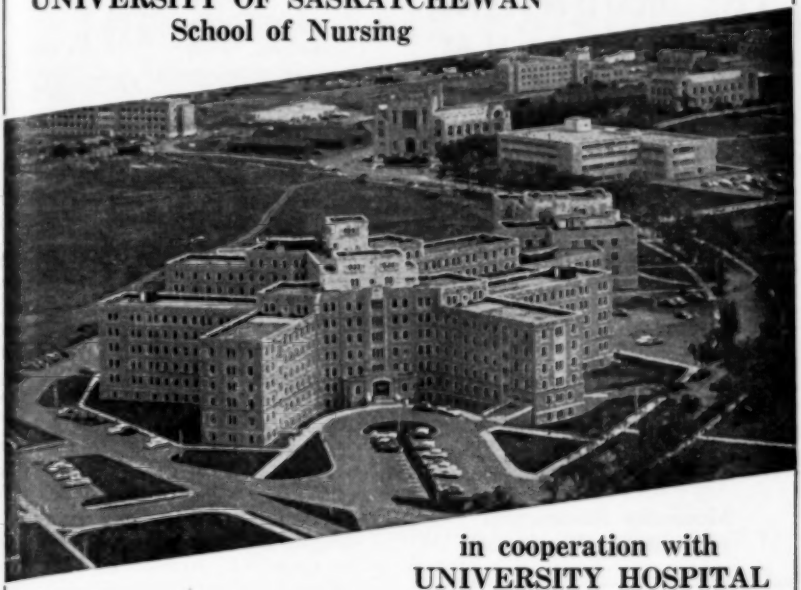

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Occupational Therapy: "Though this be madness, yet there is method in it" (Hamlet)

Physiotherapy: "Imitate the action of a tiger, stiffen up the sinews and summon up the blood" (Henry V)

Special Diet: "Those palates . . . must have inventions to delight the taste" (Pericles)

Night-time: " . . . and sleep, that sometimes shuts up sorrow's eye, steal me awhile from mine own company" (Midsummer Night's Dream)

Discharged: "Beggar that I am, I am even poor in thanks" "Oh Lord that lends me life: lend me a heart replete with thankfulness" (Henry VI)

I find many articles of interest in your pages and look forward to each edition with pleasure.

L. R., Narborough, England.

Dear Editor:

Welcome and congratulations to *L'Infirmière Canadienne*, Number I, which has just arrived.

(By Wire from London, England.)

E. G., *Nursing Mirror*.

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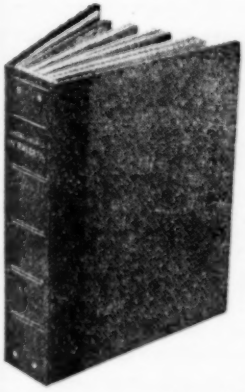

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Great Expectations

The food you were served last night in a restaurant was appetizing and exactly what you had ordered; your sheets and pillow cases came back from the laundry spotlessly clean and properly ironed. These are two examples of services that you sought, paid for and with which you were completely satisfied. Patients seek and pay for services from nurses. Are patients equally satisfied?

The fact that you were satisfied with your meal and your laundry was not merely happenstance. What was it about these services that made you a satisfied customer? The service that you sought and paid for *met with your expectations* for that service.

Here, then, is the key to the whole thing — expectations. Where did you get your expectations? They developed over a period of time as a result of many influences: what you saw, heard and personally experienced. You, as an individual, have a definite group of expectations about restaurant service, allowing for slight variation in the quality of the restaurant. Are your expectations the same as those of others whom you know? Have you ever had lunch with someone who first, requested a dish that was not on the menu, then, proceeded to inform the waitress that it should be and that the service was really very poor? Was your meal completely spoiled by your companion's constant bantering of the waitress about one thing and another, to the point that you were so embarrassed, you were ashamed? You, no doubt, vowed that it would be a long time before you would enter a restaurant with her again! The most ridiculous part about the whole episode was that you were completely satisfied with the service that you received. Obviously there was some point of difference between you and your companion. Was it the different expectations of two individuals exposed to the same circumstances?

What of the waitress and her expectations respecting her customer? Did she think that all customers should act alike? If so, she has just had to change her mind! Can we surmise that because she has had this experience that henceforth she will be less or more tolerant of this type of customer?

Each of us reacts to a given stimulus

in terms of a multitude of factors that have impinged upon us during our life. Any new experience is assessed in terms of previous ones, and this assessment forms the resultant expectations of what the new experience holds. Likewise, each patient to whom we give care, has definite expectations about the service that a nurse will give. The patient's response to care will be determined by these expectations.

In the same way, each nurse has a set of expectations about patients. Patients may be grouped into several categories, that may be sub-divided many times, for example, female, aged, surgical, semi-private, white, Presbyterian, Canadian, English speaking, etc., etc.; each of these points has some significance for the patient and the nurse. Beyond all of these, there are so many more things that make up this human being — things that are of much greater significance, especially to the nurse as she attempts to give this individual patient the *individual* service she needs.

At first, the nurse will react to a patient according to a set pattern of expectations that she has used for a similar type of patient. If the nurse has developed an acute sense of observation, and is able to interpret her observations, her behavior will become individual for each patient. It is at this point that the analogy to the restaurant and the laundry breaks down. Those services were satisfactory but not personal; they did not need to be. Nursing deals in services, yes, but it is the nurse's mind, manual skills and dexterity, more than that, it is she herself, whom she offers to the patient.

Any service is only as good as the person or persons who render it. If you need the services of a professional person, such as a lawyer, you make enquiries until you locate the best one you can. Whatever your reason for needing him it is an important one *to you*.

How much more important to a person is the preservation of his health! Seldom does the individual who seeks health services have the same opportunity of selection. It is essential then, that nurses make sure that each patient receives the type of nursing care which is best for him.

With whom does the responsibility lie for providing this kind of nursing service? Few nurses function in isolation. Although the development and growth of the group is important to improve the service as a whole, it is with an individual nurse that the patient comes in contact. Self-development begins with self. Improvement in nursing service will be in direct proportion to the degree of self-development of each nurse who gives service. Likewise, the degree of satisfaction which she derives from this giving will rise in the same proportions. The confidence and trust that is placed in us by our patients should impel us to develop ourselves to our fullest individual capabilities. We owe this intangible debt to ourselves.

PAMELA E. POOLE

International Opportunity

The International Council of Nurses invites applications for the position of **General Secretary to the Council.**

Applicants must be nurses who are members in good standing of their National Nurses' Association and must give evidence of advanced professional qualifications, wide experience in administrative positions, and in the management of a nursing organization. It is hoped that the applicant appointed, can join the Headquarters staff in 1960 and assume the duties of General Secretary after the ICN Quadrennial Congress in 1961.

Applications together with the names of three persons who have recent knowledge of the applicant's work, should be sent in duplicate to the President, Miss Agnes Ohlson, ICN Headquarters, 1, Dean Trench Street, Westminister, London, S.W.I., England, and should be received *not later than February 28th, 1960*. Further particulars and applications forms may be obtained from Miss Daisy Bridges, General Secretary, at ICN Headquarters.

Basic Teaching in Surgical Nursing

RITA DUSSEAULT, B.Sc.N.

IN ADDITION to giving bedside nursing care, the modern nurse is called upon to help in the maintenance and restoration of health which requires her participation in the rehabilitation of the individual to society. With this in mind, the course in surgical nursing should have at its aim the preparation of the nurse as a health teacher as well as for bedside care.

As far as prophylaxis in surgery is concerned the nurse must possess an understanding of the normal state of health and methods in prevention of illness should form a considerable portion of her stock of knowledge. Student learning should be directed very early towards nature's ways of avoiding serious illness. For example, the diabetic person must concentrate on the care of his feet to help prevent possible leg amputation. In other cases, minor surgical repair at the right moment may counteract the need for a more serious operation. Once thoroughly familiar with the preventive aspects of surgery, the student can appreciate more fully the need for proper patient teaching.

However, in surgical nursing, the nurse is most often called upon to give postoperative nursing care and this she must be prepared to do intelligently and efficiently. Mistakes and technical imperfections will be avoided, and she will give quality nursing care if she knows the *what, why, when* and *how* of the duties required of her.

The scientific principles basic to surgical nursing care are trustworthy guides to attainment of high quality nursing care. Techniques and procedures, in spite of their importance, can vary slightly from one institution to another but the principles remain the same everywhere that a nurse is called upon to practise her profession.

Theoretical knowledge of and practical application of principles is an integral part of the learning process and must comprise an important part of the student's education to assure her complete understanding. Surgery is essentially an aseptic art, the exercise of which should disturb the normal physiology of the body as little as possible. This conception of surgery naturally demands pre- and postoperative nursing care of the best quality. Our teaching program must conform to these requirements.

After she has absorbed the principles of asepsis, the student will gradually reach the understanding that the nursing care given to the surgical patient must take into consideration and assist in vital body function to achieve the most favorable conditions before, during and after surgical intervention. The nurse first learns the role that she must play in the preoperative period in regard to diet and medications. Emotional preparation is equally as important as physical care and aseptic technique. To round out this stage of preparation, adequate instruction and explanation for the patient will assure his cooperation with the personnel to promote a prompt and complete return to health.

Postoperative nursing care is also influenced by our modern conception of surgery. It incorporates the following important principles:

1. Maintenance of normal vital functions.
2. Prevention of complications.
3. Assistance in resumption of physical and mental activity as quickly as possible.

To carry out the above, the student must first learn:

a. To evaluate respiratory and circulatory function since the patient's life is directly dependent upon this.

b. To be familiar with the various complications that can arise postoperatively, the warning symptoms and the means available for counteracting the complication.

Each preventive measure produces results in a characteristic way which affords an excellent opportunity to develop the student's powers of observation.

For example, let us take the use of

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gradual muscle exercise as a means of preventing venous thrombosis. The student can be *told* that flexion of the toes, feet and legs stimulates circulation in the extremities but an explanation of why and how these muscular movements produce such an effect will give her deeper and more significant understanding. In encouraging a patient to exercise following surgery, the young nurse will do so with a great deal more conviction in the value of such activity if she is aware of how flexion of the toes alone will increase venous circulation in the vessels of the calf.

Through such explanation the student develops appreciation of the physiological value behind a number of seemingly minor measures that we may use to ensure competent and intelligent nursing care. The student must also be made aware of the need for her whole-hearted cooperation with the doctor and the patient in promoting the latter's recovery. She must be helped to recognize the need for teaching the patient and his family in regard to the program of care to be continued after discharge from hospital.

The educational program in surgical nursing care and the place accorded to it in the basic course of study can vary but, in general, it occurs during the clinical period. It should not be treated as an isolated subject but like diet therapy and pharmacology, should be presented as one phase in the treatment of a pathological condition. Surgical treatment and medical care are closely allied as a general rule. In teaching we should see to it that relationships between medicine and surgery, both in theory and practice, are clearly understood by the student. Surgery is seen in its proper context when its relationships to and its dependence upon other specialities are demonstrated.

In conclusion, regardless of the degree of perfection of our teaching methods, we can not ignore the influence exerted by the personality of the instructor. It is through contact with the expert that the student really learns that method alone is not enough. Love for her patients and a sincere desire to provide them with increasingly better nursing care is a necessity.

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Isolation of newborn infants with thrush, a mild fungal infection of the mouth and throat, is unnecessary according to four New York researchers. Most city health regulations require the removal of infected infants from the regular hospital nursery to an isolated area. This is expensive, complicated and unnecessary.

Soft white patches appear in the mouth and throat in thrush. They are caused by the fungus *Candida albicans,* which also causes other human infections, including a vaginal infection during pregnancy.

Thrush has commonly been believed to be an air borne infection. However, the fungus has not been isolated from nursery and hospital air or from soil and air in general. The most common source of infant infection is maternal vaginal infection. Newborn infants may harbor *Candida albicans* in the mouth and intestine for five to six days before the disease becomes apparent and the patients are removed to the isolation nursery. Thus unsuspected foci of infection are always present in a nursery.

A study of the prevalence and spread of thrush among more than 1,600 infants in the nursery at Maimonides Hospital indicated that isolation had no effect on the prevalence of spread of the infection among infants. They concluded that isolation does not diminish the incidence of the disease among infants and that the expense of isolation is unnecessary.

— *The Health Bulletin,* North Carolina State Board of Health.

* * *

Ticks are unpleasant so-called insects that are often picked up in the woods. These pests attach themselves to humans or animals to suck blood. To remove the insect, do not pull it off so that the head is left in the skin. Dab vaseline or nail polish all over it and in a short time it can be removed. Use an antiseptic on the wound.

— Dept. of National Health and Welfare.

Clinical Teaching in Surgical Nursing

JACQUELINE OUIMET, B. Sc. N.

IT is an accepted fact that the student nurse's first concern, as soon as she has been admitted to the school of nursing, is to come into contact with patients and learn how to give them nursing care as fast as possible.

Consequently, at the end of the preclinical period (which is the sole responsibility of the nursing education department), the student is rotated to the hospital wards and comes under the jurisdiction of nursing service. Her previous experience will have given her an understanding of normal health in the human being. She may have already started on a course of integrated lectures in microbiology, pathology, medicine, diet therapy and surgery. Ideally, these should be planned in conjunction with her practical experience. Such a program allows for immediate application of theoretical principles. This, then, marks the beginning of the supervised, gradual clinical experience necessary in the development of professional skills. The two entities, nursing education and nursing service, each in its own way, contribute to produce an environment conducive to professional experience.

The "raison d'être" of nursing service is to assure comprehensive nursing care for hospitalized patients — care adapted to meet individual needs. This is an acknowledged fact. To reach a more positive definition of nursing service, it goes without saying that the personnel of both nursing education and nursing service departments will participate in the clinical teaching program. This contributes to the student's understanding of her educational program and the personnel of both departments will have greater awareness of their individual responsibilities for the student and her practical experience. Constant close cooperation between nursing education and nursing service is necessary for the maintenance of a favorable environment.

Miss Ouimet is assistant visitor to the French schools of nursing in the province of Quebec.

Clinical Experience

In general, the school of nursing assumes responsibility for the bedside care given by the student nurse. However, it quite frequently happens that the nurses of that department may find themselves filling a dual role — team leader or head nurse and clinical instructor. Team leadership or head nurseship belongs to the field of nursing service. If there is an instructor on the floor, she alone has the responsibility for the teaching program but, depending on the organizational plan in the individual hospital situation, it often turns out that the instructor is also expected to assign patients to the students based on their level of experience. There must be a spirit of active cooperation between head nurse and instructor for the program to function successfully.

In the Surgical Unit

The student's rotation to the surgical unit must be organized to ensure that she receives a logical sequence of experience in the various areas within the department — for example, the central supply room, operating room, care of pre- and postoperative patients, outpatient clinics and home visiting.

In the central supply room the student applies her new knowledge of bacteriological principles, sterilization techniques and methods of disinfection under the direction and supervision of the charge nurse.

In giving comprehensive preoperative care, consideration of the patient as a human being with physical, mental, emotional, spiritual, social and even economic needs enters into the picture to a greater extent than formerly.

Let us take as an example a patient admitted with hematemesis who has a tentative diagnosis of peptic ulcer. His care is entrusted to a student completing her surgical rotation. In caring for this patient she will gain experience in the various aspects of surgical treatment related to pre- and postoperative care. The instructor uses this opportunity to

teach the student new material or to help her recall previously acquired knowledge. The student participates in teaching by explaining to her colleagues the symptoms presented by her patient prior to admission. These would include nervous tension, epigastric pain two hours after meals, pain relieved by food or an alkaline medication, vomiting, tarry stools, and finally hemorrhage — the immediate reason for admission. The student outlines her specific part in the care of the patient since his admission. As part of it, she attempts to develop a feeling of confidence, rest and peace of mind in her patient by resolving his worries and relieving physical pain.

Medication and general treatment form a topic for another clinic. Methods of administration and effects of medications are observed; blood typing by the hematologist, transfusion procedure, signs and symptoms of transfusion reaction, blood bank functions, the need to encourage blood replacement by relatives and friends to meet another emergency, are all included.

Another aspect of comprehensive preoperative nursing care is the explanations to the patient of routine procedures to ensure his cooperation. Under the supervision of the clinical instructor the student teaches the patient such things as leg and arm exercises and deep breathing. She emphasizes to him the value of such exercises in avoiding a number of complications and in hastening healing. As far as the spiritual, social and economic needs of the patient are concerned, the student finds out from her head nurse what must be done to remove or banish her patient's anxieties. This is a first step in rehabilitation.

Diet therapy is one of the most important features of the treatment of peptic ulcer. The dietitian can point out the aims of dietary treatment to the student and the means by which they are accomplished. The continuous need for neutralizing alkalines in the stomach to avoid stimulation and irritation of the mucous membrane is emphasized. The importance of having a high caloric, high protein and easily digestible diet must be explained.

In the Operating Room

It is highly advisable to try to arrange to have the student accompany at least one patient, to whom she has given preoperative care, to the operating room. There she might possibly have an opportunity to be gowned for the case and examine the operative specimens before they are sent to the pathological laboratory. Until now it has not always been possible to free the student for such experience prior to her rotation to the operating room. Such a visit helps to clear up all the mystery surrounding the word "operation" commonly encountered in the patient's mind — the fear-producing unknown. The student is in a better position to appreciate the importance of reassurance and psychological preparation.

Postoperative Care

Now we come to the recovery room to which most patients are sent after surgery. Here, under her instructor's supervision, the student carries out intensive nursing care. Constant observation is necessary in order to spot the early signs and symptoms of postoperative complications.

Postoperative care gives the student nurse an opportunity to observe the steps related to surgical intervention, the possible complications and to receive her initiation into the routines of surgical treatment — in which learning to dress a wound aseptically has a marked place. Postoperative care provides wide scope for clinical teaching — intravenous therapy, the use of the Levine tube, the function of drainage equipment, establishment of diet, etc.

As soon as the patient regains his strength somewhat, the student has an excellent opportunity to pracise her duties as a health teacher. She teaches the patient the importance of following his diet closely, of moderate exercise, of personal cleanliness. She extends the boundaries of her health teaching as she meets the members of her patient's family and learns to identify him with his home environment and not only with his illness.

By carrying out the physiotherapist's directions, the student participates in the rehabilitation program. The medico-social worker who is also particularly concerned with this phase of the patient's care contributes to the student's learning. Through her, the student becomes aware of various so-

cial welfare groups in the community able to help her patient in particular and others in general — visiting nurses, the Red Cross Loan Cupboard, the Cancer Society and its provision of drugs and dressings free of charge, certain financial assistance available to the patient or his family. She notes the contacts established with the medical service in industry where the patient can be helped toward complete rehabilitation by work adjustments.

Outpatient Clinics

The student may see the same patient again or others in a similar operative category who return to the hospital for treatment. She has an added opportunity to study and gain an understanding of the social factors that contribute to or retard convalescent progress.

Family Environment

The chance to visit her patient or others in their homes in the company of the public health nurse is a valuable experience for the student. Seeing the patient in his home makes it easier to understand family problems — emotional, psychological and social — that hospitalization engenders. The health nurse's work in guiding the convalescent and his family toward health improvement and preservation, and prevention of illness reveals another important aspect of nursing generally.

Cooperative Planning

Developing an educational program for students such as the one outlined can be accomplished only if the principles initially mentioned are followed — that is, if there is close cooperation between those responsible for nursing education and nursing service, and between the heads of different departments. One of the objectives of such cooperative planning is to inform the head nurses about the educational program for students while, at the same time, giving the former group a chance to express their needs and problems as related to the responsibilities of administration.

In order to promote this program in surgical nursing, as an example, a plan of student rotation must be formulated well in advance, that takes into account the individual levels of student experience, educational resources and the rotation plan for regular ward staff. It is obvious that any one department will have students at various levels of scholastic achievement. Consequently, in planning sequence of experience, the simplest and most fundamental tasks must precede the more complicated ones. The junior student to whom patients requiring only basic care are assigned has a chance to become accustomed to working with others, to handling special equipment necessary in postoperative care, to carrying out orders and to preparing charts. The more senior student is given an opportunity to develop initiative. She participates more actively in the duties of the professional team and gains greater awareness of her role as an educator.

Taking the different levels of learning into account, the clinical instructor must recognize the fact that a second-year student may sometimes be less efficient in pre- and postoperative care than a first-year student because of differences in instruction. These variations must also be considered when planning clinics in an attempt to avoid repetition and make teaching more dynamic. For more advanced students, seminars, forums, symposiums and conferences are indicated as well as initiation into simple research projects.

To attain its objectives, a clinical teaching program must be well organized. Nursing education and nursing service personnel must plan for it together.

How quickly can you find out what is so unusual about this paragraph? It looks so ordinary that you would think nothing is. But it is unusual. Why? If you study it and think about it you may find out, but I am not going to assist you in any way. You must do it without coaching. No doubt if you work at it for long it will dawn on you . . . who knows? Go to work and try your skill. Par is about half an hour.

Answer: The letter "E" does not appear in the paragraph.

Pediatric Surgical Nursing

MARIETTE DESJARDINS, B.SC.N.

THE STUDENT nurse's development in surgical nursing is entirely dependent upon her basic program of nursing education and a well-integrated, patient-centred plan of practical experience. To this must be added special principles related to surgical nursing. Care of the sick in this branch of medicine will vary accordingly to the particular surgical specialty in question or the individual characteristics of the case concerned. In pediatrics, surgical nursing procedures must be adapted to the child and his needs. There is a wide gap between the child and the adult in development and maturity. Each one has his own special physical and emotional needs, satisfaction of which assures comprehensive patient care. Nursing care of children requires not only special techniques but also adequate preparation of the persons engaged in it.

The orientation of the student nurse must encompass the special characteristics of pediatric surgical nursing so that her experience in this field may be as profitable as possible. What are the differences in the nursing care of a child on a surgical service as opposed to those of an adult? This question must be answered before we can fully understand the importance of the preparation of the student at this stage and how it may best be accomplished.

Understanding the Child

Pediatric nursing procedures are developed in accordance with the mentality of the child. Surgical nursing techniques especially must be sufficiently flexible to allow for individual adaptation since it is obvious that a child can not be cared for in the same way as an adult. The principal outstanding features of the constitution and reactions of the latter are summed up in certain signs and characteristics that the student must be taught to recognize if we want her to grasp the child's reaction to surgery. These special characteristics are both physical and emotional.

The student nurse should understand that the hospitalized child is in the process of attaining his full physical growth and his body development must go on as efficiently as possible in spite of his illness. Consequently the care that he is given must respect the laws of human growth and should favor maximum physical development. This special adaptation of procedures, which is not required by the adult, must be incorporated into both the pre- and postoperative care of the young. That does not mean that the adult patient will not receive as much care but only that it will be of a different nature. For example, the student must learn through practice how to reconcile the child's need for activity with the rest required as a result of his surgery, relating it to the condition and age of the little patient. Feeding the postoperative child presents greater difficulties than in the case of the adult since the diet must be suitable for the postoperative period but must also satisfy the growth needs and food tastes of the child. The dietitian can help solve the problem but the nurse needs to use tact and firmness in gaining the child's acceptance of the diet.

The child has a heart and a mind as well as a body. The student nurse through her former experience with adults and her knowledge of the interaction of mind and body can readily appreciate that the child must develop emotionally in spite of surgery. To allow for this it is of vital importance that the child's basic need for understanding, affection and security be satisfied. Since the nurse is the person who is with the child most, she is largely responsible for fulfilling these needs. She must be able to prepare the child for operation or for various treatments in such a way that he has confidence in her care. This helps to avoid or diminish emotional shock.

In pediatric surgery, because of the short hospitalization period, we tend to forget that the parents have a role

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to play in the child's recovery. The student must remember this in her relations with them and accept their presence and their reactions as a completely natural state of affairs. The student must learn the advisability of reminding the child of his parents, especially of his mother, and of continuing their influence on the child through her contacts with them.

Orientation of the Nurse

Now, it is easy to understand completely the importance of preparation and orientation for the student nurse in pediatric surgery. Basic principles of asepsis, skill in pre- and postoperative techniques, emergency care, and the study of rules and regulations related to this special field are essential. To help the child emerge victorious from his trial, the nurse must have good basic understanding of the physical growth and emotional reactions of the child at each stage of his development from birth to adolescence. An understanding of the healthy child is necessary in order to understand the ill child. Towards this end, the student nurse during her basic course of studies must gain thorough knowledge of normal development and health, essential nutritional requirements and factors related to mental and emotional states. She must become familiar with all the common means of preventing illness and in particular with those directed towards preventing illnesses of a surgical nature. A good part of the learning process in pediatric nursing occurs not only at the bedside of the child but in contacts with the parents before, during and after surgery.

The student requires intelligent orientation and supervision to obtain maximum benefit from the educational resources offered by a pediatric surgical service. She must be guided through the maze of surgical conditions of childhood such as congenital anomalies and others in order to exact her full measure of learning in this area. The pre- and postoperative care of children and appreciation of the aseptic state requires special mastery of skills. To encourage this, the student must receive teaching on every possible occasion.

The Qualities of the Nurse

Among the professional qualities acknowledged as necessary to the nurse in pediatrics is that of keen powers of observation. This quality, for a number of reasons, must be developed in the student during the entire period of her pediatric experience. For example the child is often unable to identify the pain and physical discomfort that he feels. This is frequently because he can not express himself verbally. Sometimes the child exhibits his symptoms simply by a change in attitude e.g. the baby cries in a special way. We are fully aware of how much the surgeon depends on the nurse's observations since he can not remain at the child's bedside for long periods. Under the guidance of her clinical teachers, the student learns the value of constant observation — pre- and postoperatively — in order to prevent complications common to children; during treatments in order to avoid all possible accidents and, last but not least, for any indication of emotional upset.

The student herself must be a secure person in order to meet the child's needs. Sometimes she is troubled about this aspect of child care. This may be largely due to lack of contact with children in her previous experience. Under such circumstances, her orientation to pediatric nursing will need to be particularly thorough to help her avoid the pitfalls that might be injurious to herself or the child. A careful set of rules and regulations will be of immense help to the student in, for example, operative preparation of the child. She should know that a child's questions should be answered frankly and honestly in terms suitable to the child's age, intellectual and emotional development.

There is one aspect of child care where the student nurse requires particular guidance. Normally the child has great need for activity to burn up his youthful energy. In hospital he feels this same need which can be satisfied through occupations and games suitable to his condition. The nurse must be familiar with the activities open to the child who has had surgery. Games, reading, manual activities of various types will help to take the child's attention away from his illness, his enforced idleness and his separation from his parents. It helps him adjust more easily to the hospital milieu.

Toys are a good means of approaching a child and getting to know him since the child becomes more extroverted in play. This contact gives the nurse an opportunity to observe apprehensiveness in the child's behavior and to set his mind at rest, if possible. In passing, it has been noted that it is difficult to interest student nurses in play activities with children and to have them participate. Students must be made to realize that emotional factors are as much a part of nursing as medications and treatments. This point must be emphasized in the orientation of the nurse to pediatric nursing if she is to participate effectively in the care of the sick child.

This general discussion of surgical nursing care of the child and its importance in the professional development of the student nurse brings us to a consideration of the means most likely to assure her of the most complete experience in this field. From other lecturers she will have received the theory of general surgery and she will have had clinical experience in that field. Her experience in pediatric surgery rests on this foundation. It is of prime importance that she should have an understanding of the physical and psychological development of the normal child. She will be better prepared to care for the child who has had surgery performed if she is given an opportunity first to observe the healthy child. This orientation can be carried out through classroom instruction and discussion of the body structure in childhood, observation periods in clinics for babies and preschool children, school health programs, playground programs etc. Every well-organized pediatric centre can offer areas for observation that are very helpful in this early preparation of the nurse. It only remains for us to choose the ones that best suit our purpose.

Experience

The information she acquires in the classroom or at the patient's bedside during clinical teaching will help the student to solve the problems of the child who has had surgery. It is almost unnecessary to reiterate that experience in the care of the child after surgery must follow and not precede experience in the care of adult surgical patients. Only then is the student equipped to adapt general surgical techniques to the needs of the child.

It is preferable to have practical experience closely correlated with lectures on pediatric surgical conditions and nursing care. It is also advisable to have the student give surgical nursing care after she has had experience in giving medical care. Several days of general orientation at the beginning of the pediatric affiliation, including the surgical service, will produce worthwhile results. This plan of action is conducive to better learning experiences for the student. It helps her to understand the necessity for continuity of care for the child by one person in order to meet the need for security. Surgery is, in short, only another way of dealing with a disease condition.

A careful choice must be made among the various possibilities within a pediatric surgical unit in order to assure a logical sequence of experience for the student. It is extremely important to have a well-organized program of clinical teaching. Learning must be active, not passive. The student must participate in the activities of the department. A well-prepared clinical instructor is indispensable so that the student can be guided towards the most profitable use of all educational resources in the department. Her responsibility is not only to teach a necessary body of information and to stimulate the student's powers of observation but also to see to it that the student takes an active part in the surgical care of the child.

Teamwork is an excellent method for orientation of the student to pediatric surgery and presents several advantages for the patient. It allows for more extensive practical experience since the student can profit from observation of the patients under the care of other team members. The student derives a greater sense of security from the presence of the team leader who carries on the work of the clinical instructor. There must be a great deal of understanding and cooperation between the team leader and the instructor. Team nursing means that the student spends more time in actual care of the child since she is not hindered by tasks having no value for her.

In conclusion, we should remember one very elementary truth. To be successful in our contacts with children, we must love them. This is the magic key that reveals the child to us, that wins his confidence — an essential factor to the success of the care that we give. In pediatric nursing, the student must be helped to develop a sincere affection for children — an unselfish affection in which she loves the children for themselves, not just for the pleasure that they give her. Otherwise we will only succeed in passing on textbook knowledge about the child and his care and we will deprive the student of a fruitful experience.

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Perfection through Practice

THE practice of an art and the application of a science usually produce a certain degree of perfected skill in those who carry them out. We can not deny that years of experience in nursing result in a valuable accumulation of knowledge. How can graduate nurses exercising their daily round of activities achieve this perfection?

It used to be that we could be reasonably certain that graduate nurses employed in hospitals were well-informed concerning developments related to their work, without anyone going to any trouble about it. However, the increasing complexity of hospital administration, the profusion of scientific discoveries in medicine and our modern, hectic way of life make it virtually impossible for nurses to assume complete responsibility for perfecting their knowledge and skills. That is why hospitals must assume the organization of inservice educational programs for graduate staff as one of their responsibilities. There are a number of advantages forthcoming from such a step. The quality of nursing service will be improved and the staff will be stimulated to continue their efforts in this direction.

Miss Tardif is director of the program for personnel education, Notre Dame Hospital, Montreal.

Inservice Education

In discussing levels of skill within surgical nursing it seems appropriate to consider the opportunities for perfection through practice. An example of such a program will suffice to illustrate the way in which young grad-

uates with an interest in surgical care can be helped to achieve a high level of competency within this field. Senior students may express a desire to remain in their hospital to work and, not uncommonly, requests for employment follow completion of registration examinations.

We should encourage our young graduates to start their nursing careers by obtaining the greatest possible degree of skill in bedside care. The young graduates make up a valuable potential that requires our careful consideration. It would be a mistake to see these new recruits to hospital life simply as anonymous pairs of hands to be shifted around from one situation to another to meet demands for nursing service. Our modern hospitals should be beyond this stage. Now, the nurses who decide to remain in institutional work at the conclusion of their basic professional preparation must be assured not only of acceptable terms of employment but also of an environment conducive to work satisfaction and personal development. On the other hand, it would be equally wrong for the nurses to think only in terms of what they want from the hospital without being prepared to give the nursing service that the hospital has a right to expect from them. We need have no misgivings about these two aspects — one really compiements the other.

Before discussing the structure of the inservice educational program, it is perhaps appropriate to list the conditions basic to the formulation of it. A project of this nature can not be started overnight, regardless of the need for it.

The first essential is a *well-organized nursing service* carrying out the following important functions:

a. Recruitment of an adequate and stable staff.

b. Coordination of nursing activities.

c. Continuous checking and revision of nursing procedures in common use.

A *competent person* to assume responsibility for directing the program is the second essential. The nurse who becomes director of this program must be thoroughly acquainted with all the intricacies of administrative organization, with the relation of nursing service to all other hospital department and she must also have a good background of teaching experience. Finally, she must possess an understanding of human relationships. Without this, her other aptitudes would lose much of their effectiveness.

Before attempting to put the educational program into effect, we must have a *well-defined plan of action.* A thorough study of the local set-up as part of this plan will allow for evaluation of available educational resources, estimation of possible sources of assistance in implementing the program, and of the means of coordination of educational activities within the hospital as a whole. In offering this program, it must be remembered that the four main services in the institution — medicine, surgery, pediatrics and obstetrics — will each have their own special pattern of organization including teaching within the specialty. Having established the setting, let us consider surgery specifically. Our aim is to develop a high degree of skill in surgical nursing through planned practice of it.

Who are the people who will benefit from such a program? What can we use as a guide in deciding to direct new graduates towards service in the surgical field? Selection and placement might be based on the following: the nurses who show a definite attraction for the specialty could be placed in this field. Ordinarily they will have corresponding aptitude for the work. Those who show a marked inclination will have a better chance to achieve special competency and to give maximum service.

Perhaps the new nurse will show a preference for the operating room, recovery room or surgical outpatient department. It will be up to the person conducting the initial interview to gain her acceptance of a period of general experience as a preliminary step.

Now we are ready to present our program for achieving professional competency in the care of the surgical patient. It is suggested that the program be divided into two parts:

a. Rotation through various departments to obtain varied and complete experience.

b. Systematic teaching of supplementary information.

Team Spirit

Present hospital practices have per-

haps tended to develop resistance to change. It is still quite exceptional for a nurse to accept transfer from one department to another without expressing discontent. On the other hand we are well aware of the fact that the organization of our hospitals demands great flexibility and a true spirit of fellowship.

The rotation proposed for the young nurse during her first year of experience as a graduate is designed to foster this flexibility of personality. This is conducive to more rapid and easier adjustment to varying situations. However this part of the program should be presented to her as a way of developing a high level of professional skill. She should be convinced from the beginning that the succeeding 12 months will afford her a review of all conditions requiring surgical intervention while emphasizing the importance of the nurse's role in pre- and post-operative care. She will also have an opportunity to obtain experience as a team leader.

To fully attain the objective of perfection through clinical experience, the nurse must be rotated through an adequate number of departments to become thoroughly familiar with all types of surgical categories. If care is taken in planning the rotation, a seemingly idealistic program can achieve reality. The nurse will develop the desired degree of competency without any disruption of patient care. A systematic teaching program must accompany the rotation to assure logical, complete experience. It is suggested that the teaching program be divided into four units:

a. Individual teaching carried out when the nurse first comes to the department.

b. The inservice educational program for nurses during their term of employment.

c. Nursing service staff meetings.

d. Surgical staff meetings.

Teaching Methods

1. The individual teaching on arrival would be partially accomplished through the *orientation program* developed for all new employees. Regardless of the method used, the new nurse should be familiarized as soon as possible with the aims, history, organization and administration of the hospital, the nursing techniques in common use and the various rules and regulations that she will be required to observe.

One satisfactory method of carrying out this teaching is through small research projects, made under supervision. It is particularly effective if the nurse is given a definite plan of the study, adequate reference material and the assistance of a counsellor as required. Her working hours should be so arranged that she can plan to devote at least one hour every day to the project and finish it within a prescribed period of time. Following completion of the entire program the nurse could be given an examination, the results of which could be added to her official record as attestation to her professional skill.

2. The inservice educational program offered to all graduates will be of benefit to each one. This is essentially a continuous program with the exception of holiday periods. A wide variety of professional information is offered through films, conferences, etc.

3. Nursing service staff meetings offer another means of teaching. The new nurse will not be invited to these sessions immediately but she is made aware very early of their existence and their significance. She should be permitted to study the reports of these meetings and have the right to make comments upon them. Decisions arising out of the conferences and related to her work should be passed along to her. The young nurse must be made to realize that her participation in nursing activities is a necessity, as much for the general effectiveness of nursing service as for the maintenance of good relationships between nursing service and other hospital departments.

4. Combined meetings of the staff of the various specialty units within surgery comprise a final opportunity for teaching and learning. Meetings could be under the chairmanship of the chief of surgery. The study of local administrative problems or the presentation of scientific developments within the field as a whole could form the objective of such sessions. There would be a definite psychological value to these conferences exhibited in improved cooperation between departments and higher quality work in each unit.

The surgical nursing service staff will have the added benefit of special educational conferences. These may take the

form of presentation of patient histories by staff members — doctors, nurses, dietitians and medico-social workers. Through her participation, the nurse will gain an excellent understanding of surgical conditions and the plan of care considered necessary and adequate in each instance.

This program for the education of the nurse in the surgical field must not be considered complete and ready for unquestioning acceptance. It may strike a responsive note in those concerned with institutional nursing and we may soon see such educational experiences being developed. Those institutions of a more progressive nature will take the first steps and then analyze the results, finally evolving a general but sure policy of action designed to obtain the greatest measure of well-being for the hospital, the nurses and consequently the care of the patients.

Preparation for Nursing in Cardiac Surgery

ADRIENNE PARENT

SCARCELY a dozen years ago the activities of a nurse in cardiology could be summed up as follows: routine care and prevention of bedsores, watching the diet and fluid intake, ensuring adequate rest and administering cardiac medications. A nurse who had received a good basic education could more than adequately meet the needs of this group of patients for whom the prognosis, sooner or later, was death.

With the advent of rapid developments in and tremendous improvements of cardiovascular surgery, the activities of nurses in this field has of necessity undergone immense change. Even with the basic technical preparation received at a school of nursing, a nurse cannot approach a specialty such as cardiac surgery, without feeling the need to take a postgraduate course both in theory and practice, such as is now offered at only a very few of our hospitals.

A postgraduate course in cardiology seems essential if we want nurses to become competent members of the surgical team. If her participation is to be as a competent specialist, she will have to understand the meaning of her actions, and have a deep sense of duty towards activities which are of a highly technical and scientific nature.

There are five preliminary phases which one must go through before becoming a permanent member of the surgical team in cardiology. The phases of the program run concurrently with theoretical assignments. These are as follows:

a. Pre-operative care team
b. Cardiac catheterization team
c. Experimental surgery team
d. Operating room team
e. Postoperative care team
f. Outpatient department

In the *pre-operative phase,* the psychological aspects of the preparation of the patient for surgical intervention have an all-important place in the planning of examinations and treatments. Helping him to conquor and control the anxieties and fears which are always associated with a cardiac patient, is a large part of the nurse's responsibility. Teaching spirometric muscular exercises in order to prevent stiffening, and breathing exercises that will help to prevent respiratory complications postoperatively, is also the responsibility of the nurse. Finally, her ability to convince the patient that the chances of success, for prompt and complete healing, depend largely on his own determination and cooperation will carry him into the operative period with greater confidence.

In the *cardiac catheterization room,*

Miss Parent is the head nurse in the operating room of the Cardiology Institute of the Maisonneuve Hospital in Montreal.

the postgraduate student learns, through theory and practice, the established classification of heart ailments: mitral, aortic and tricuspid valve stenosis; congenital anomalies: patent ductus arteriosus, trilogy and tetralogy of Fallot and others. The increased knowledge she gains through thorough study of physiology will enable her to have a better understanding and to participate with competence in the procedure of heart catheterization and to better understand the evaluation of the findings.

It is well to note that the appropriate phase preceding the operating room, is a stop of interest — *experimental surgery* — where practical experiments are done on dogs, or sometimes other animals. This helps the student greatly to understand the perfection of surgical skills by trying new and alternate methods, while separate from and then as part of the surgical team the nurse familiarizes herself with specific instruments, equipment and stages of the operations.

In the *operating room*, study of and practice in sterile procedures, and the rigorous technique of cardiac surgery, observation and later participation in the activities of the surgical team, clarifies the why, when and how of the absolutely exacting nature of the procedures and asepsis of this specialty.

It is necessary to be ever-conscious of the fact that cardiac surgery involves a greater risk than other types of surgery. When one realizes that the surgeon must place his fingers directly into the heart of the patient, the starting point of circulation the organ of life, one mistake in competence, one small error on the part of the nurse could add to the risk.

Next comes the *postoperative phase.* In the recovery room, there is close observation of oxygen therapy, circulation, blood pressure, and the frequency and depth of respirations. Watching infusions, chest drains that were placed by the surgeon before closing the chest thus allowing for pleural drainage and ensuring pulmonary re-expansion. The amount of chest drainage and intake and output, observation and evaluation of voiding and perspiration are all of vital importance. "The nurse must therefore note all of these with care," and watch for signs and symptoms of difficulty which could occur. So much depends on the nurse's power of observation and her judgment in alerting the surgeon to questionable changes in the patient's condition.

The last phase, in the *outpatient department,* teaches the student the system of follow-up of patients which directs him for a period of time varying from several months to more than a year after the operation.

In summary, any such period of instruction cannot be more than a period of initiation. An additional two months in the operating room would help the nurse to give good technical and scientific service that is more comprehensive from a humanitarian standpoint.

Certain personal qualities are demanded of the nurse who wishes to prepare herself for specialization in cardiac surgery. She must be of a calm nature, always capable and ready to use her presence of mind and to act with knowledge. She must have well-developed manual dexterity, and act at all times with deep personal and professional integrity. She must continue without slackening, to increase her knowledge and perfect her technical ability.

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In pioneer days in French Canada distances were computed by determining how far a man could walk while smoking a pipeful of tobacco — usually three-quarters of a mile.

There was a postal system in use in England at the time of Henry VIII. The practice of paying the messenger who delivered the letter was changed following the introduction of prepaid postage stamps in 1849.

Advanced Preparation in Nursing

SISTER CLAIRE RHEAULT, B.Sc.N.

OUR PRESENT ideas in relation to nursing education emphasize the importance to the young graduate of good basic preparation in surgical nursing. This opens up new horizons, stimulating maximum development of teaching and clinical resources.

Basic professional preparation can be truly successful only if every person responsible for it has received adequate preparation herself. Idealistic but definitely attainable suggestions are being made to stimulate new graduates to achieve advanced preparation.

> Our generation demands experts. If an educational institution assumes responsibility for the development of youth for the future it must first provide high quality preparation for those who will be in charge of instructing and guiding them.

The World Health Organization in discussing nursing care notes that: "Nurses entrusted with administrative functions, supervision and teaching, must have received advanced training in a university school of nursing."[1]

This brings us to the conclusion that we will have to have a large number of highly skilled nurses who are also experts in teaching and supervision. Administrators, teachers, supervisors and head nurses are key persons in obtaining excellence in nursing care. Any attempt to separate one from another could produce a dangerous state of anarchy.

Nurses must keep an open mind towards research. The scope for action within nursing is broad and nursing activities are complex. Too often progress is hindered by tradition which must be broken down little by little in order to ensure better patient care. Three years ago a study of nursing duties was carried out at Notre Dame Hospital, Montreal. The results brought to light several functions considered the responsibility of nurses but very much open to question in this regard. The study also indicated a number of other areas in which research is required.

To support our conviction that the graduate nurse needs advanced preparation is the fact that the nurse at the student level receives only the basic preparation for general nursing care. She can not be expected to stop in the midst of her chosen field of activity to acquire the necessary experience and skill that she needs.

The preparation of supervisors and instructors assumes a double aspect:

a. Increased range of knowledge through a planned course of instruction.

b. Study of methods of supervision and teaching and of related matters which complete the preparation to fulfill the new role.

The entire course of study must be at the university school of nursing level so that credits may be obtained towards a baccalaureate degree. The programs offered can be of varying lengths depending upon the experience and progress of the individual nurse. Practical experience alone can give the nurse a certain degree of competence that is not true or effective skill. A program of study arranged in a logical sequence with equal emphasis on theoretical instruction, clinical observation and practical experience ensures development of technical skill and intellectual discipline that can be directed towards research as well as towards teaching activities.

Clinical conferences during the period of practical experience will round out the theoritical course in advanced nursing. Group observation and discussion, personnel work, required reading and illustrative material all help in the retention and expansion of acquired knowledge.

Practical experience should have as its aims:

a. To expand the experience acquired during the basic course.

b. As related to surgical nursing, to place the nurse in a situation where she can observe advances in medicine and surgery at first hand as well as acquire additional nursing experience.

c. To help the nurse acquire or de-

Sister Rheault is a lecturer at the university school for nurses, Marguerite d'Youville Institute, Montreal.

velop an ability to analyze critically methods of work above the student level.

A choice of clinical services which affords the nurse an opportunity to apply the principles of theory and practice that she has been taught is necessary for accomplishment of the latter aim. The university school requires a number of affiliating hospitals for this purpose. The graduate student needs to be initiated into the resources offered by public health services as well, along the lines of sociology, prevention of disease, supervision and rehabilitation.

It is understood that the hospital offering clinical services must have sufficient, qualified personnel capable of maintaining the standards of such a program. The nurse should have an opportunity to practise clinical teaching and to acquire some experience in supervision in order to accustom herself to her future duties and to consolidate what she has learned. She must be aware of the attention being focused on her and should complete her experience with a sense of satisfaction, fulfillment and increased self-confidence.

Too much attention can never be given to the advanced preparation of supervisors and instructors in surgical nursing. They bear the brunt of preparing the nurses of tomorrow — students and graduates. The hospital that cooperates in this preparation by providing clinical resources and practical experience assures itself of a reputation for high professional standards.

> It is our wish to have as much and as good preparation as possible. When we speak of raising the requirements in general education, of widening the scope of basic nursing education, and of finding more and better opportunities for advanced preparation of graduate nurses, which will help us to make a better evaluation of ourselves and of our work, the reason is always the same. It is not a question of education for education's sake, but of better preparation in order to make a better contribution towards a healthier society.[2]

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1. World Health Organization conference on the services of nurses in public health work. *International Nursing Review*. January, 1959. p. 44.
2. Northern Nurses' Conference. Ibid. p. 47.

A vaccine that will prevent from 60 to 70 per cent of all common colds will probably be available within the next 24 months, an expert in cold research has predicted.

Dr. Ward, Professor of virology at Notre Dame University, South Bend, Ind., said he does not believe that common colds will be wiped out, even with an adequate vaccine. "People are not going to take the vaccine, just as they are not taking polio vaccine. People are people and we have great difficulty in selling preventive medicine. The prevention of disease is not as glamorous or as consuming to the individual as his actual illness."

From 75 to 80 per cent of common colds are caused by a group of viruses or a group of ordinary bacteria of the streptococcus type.

Dr. Ward defined a common cold as one wherein the individual has a runny nose two days in succession. This is the nasal type of cold which causes the lining of the nose to become reddened and inflamed. No fever is associated with it. It is the kind that may be spread easily to other people.

There is no drug now on the market that could be termed effective against common cold viruses. Colds caused by bacteria may respond to antibiotics, and allergy-caused colds may respond to antihistamines.

— *The Health Bulletin*, North Carolina State Board of Health.

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Discarded kitchen utensils often make good playthings for children but one item from the kitchen has already proved fatal in more than one case. The plastic bag that is used as a space helmet by Junior can cause suffocation if fastened tightly around the neck. Soft plastic used over a baby's carriage may lie across the baby's face and be pressed over the mouth with an indrawn breath.

— Dept. of National Health and Welfare.

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Use of a spray for painting is safer done outdoors, if the object to be painted can be moved. Spraying should not take place in a closed room — doors and windows should be kept wide open.

— Dept. of National Health and Welfare.

PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Some Thoughts on I.C.N. and Finland

The week of July 6th to 11th, 1959, marked the ICN Board of Directors' meeting in Helsinki, Finland. Thirty-five member countries were represented by the president and executive secretary of the national nursing associations. Presiding at the sessions was Miss AGNES OHLSON, President.

Finnish Welcome

At the opening session in the College of Nursing the President of the National Council of Nurses of Finland, Miss KYLLIKKI POHJALA welcomed the delegates to Finland. Miss Pohjala, who is a member of Parliament and a representative of the Finland Government at the United Nations, expressed the warmth of welcome which was displayed by all the Finnish nurses responsible for details of planning for this gathering. Their efficiency and graciousness in handling all arrangements is to be highly commended.

Singing Nurses

On many occasions the delegates were greeted on visits to hospitals by groups of nurses singing songs of the country. These scenes will always leave a happy memory of the Finnish nurses with all who were privileged to hear them.

Luncheons were served at many of the hospitals where the nurses were guests of pharmaceutical and instrument companies.

Army of Finnish Nurses

It appears that a former patient in one of Finland's hospitals decided upon his recovery to establish a business of making little doll figures of nurses. Our General Secretary returned to Canada with a number of these little nurses — in fact, it was stated in one of the Helsinki newspapers that a Canadian nurse was returning with an "army of Finnish nurses."

These little figures have real personality. About four inches in height, they are dressed in traditional uniform. They hold in their hands a tray, a chart or other familiar object. Each with a different color of hair and hair style is most original. This is a novel idea and one which has become most popular in Finland.

"Canadian Nurses from Heaven"

A story was told by Miss MARIE BIHET, First Vice-president of the International Council of Nurses and Director of the Edith Cavell School of Nursing in Brussels, Belgium, while visiting in a tuberculosis sanatorium in the countryside of Finland. A few years ago, two Canadian nurses touring Europe were referred to Miss Bihet through the ICN since they wished to obtain employment in Brussels. It happened that a flu epidemic was rampant at the time, the hospital was overcrowded and many nurses were ill. The Canadian nurses and their friend who was a stenographer were welcomed to the hospital. The stenographer obtained employment in the business office. All were French-speaking Canadians and their help was so welcome. "We needed these nurses so much — they were such nice girls—they were really Canadian nurses from Heaven."

Sibelius Concert

The grand finale of the Board Meeting occurred on the last evening when a Sibelius Concert was held in honor of

the 60th Anniversary of the International Council of Nurses. The President of Finland returned from a summer vacation to attend, the symphony orchestra returned to the city for the performance and members of the diplomatic corps were in attendance.

Nurses in uniform formed a guard of honor, while others in native costume assisted as ushers.

Miss Pohjala gave an address of welcome and Miss Ohlson gave her presidential address "The I.C.N., Yours and Mine." Messages of greeting were presented by five national presidents representing the five continents of the world. Representing The Americas was ALICE GIRARD, CNA president.

The all-Sibelius Concert was an unforgetable event with Finlandia being played as it never had been heard before.

Some Decisions of ICN Board

— *International Nursing Review* will now be published six times a year instead of quarterly.

— Approval given for the appointment of a full-time, highly qualified consultant on economic welfare to the ICN staff.

— Plans for the organization of the International Student Nurses' Unit were approved.
Its purposes will include the promotion of international friendship and of understanding of professional organization.

— Twelfth Quadrennial ICN Congress will be held in Melbourne, Australia, April 17-22, 1961. The language of the Congress will be English with simultaneous translation into Spanish.

Sr. Lefebvre and Sr. Keegan

Two Canadian nurses are attending the World Health Organization Conference on Post-Basic Nursing Education for International Students, being held in Geneva this month. SISTER DENISE LEFEBVRE, Director of Nursing Education and SISTER FLORENCE KEEGAN, Professor, both of the Institut Marguerite d'Youville, Montreal, are attending on invitation of the WHO.

The School of Nursing, University of Montreal is the only institution on the North American continent where French-speaking students on WHO fellowships attend.

Expert to attend Curriculum Workshop

Miss FLORENCE E. ELLIOTT, Director, Curriculum Conference Project, National League for Nursing, will be the coordinator and consultant for the Curriculum Workshop to be held November 22-24, 1959, in Ottawa, preceding the meeting of the National Committee on Nursing Education.

Safety Signs for Mental Health

GEORGE S. STEVENSON, M.D.

1. A tolerant, easy-going attitude toward yourself as well as others.
2. A realistic estimate of your own abilities — neither under-estimating nor over-estimating.
3. Self-respect.
4. Ability to give love and consider the interest of others.
5. Ability to take life's disappointments in stride.
6. Liking and trusting other people and expecting others to feel the same way about you.
7. Feeling part of a group and having a sense of responsibility to your neighbors and fellowmen.
8. Acceptance of your responsibilities and doing something about your problems as they arise.
9. Ability to plan ahead, and to set realistic goals for yourself.
10. Putting your best efforts into what you do and getting satisfaction out of doing it.

— *Bulletin*, Ont. Dept. of Health

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The earliest record of the use in Canada of ether as an anesthetic indicates the year 1847, the place Sherbrooke, Quebec.

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Even if you are on the right track, you'll get run over if you just sit there.

— *Canadian Hospital*

Nursing Profiles

The Ontario Hospital Services Commission has announced the appointment of **F. Louise Jamieson** as consultant in the nursing services division. Formerly assistant registrar of the Registered Nurses' Association of Ontario, Miss Jamieson spent the past year studying at the University of Toronto for her certificate in hospital nursing service administration.

A graduate of Toronto's Wellesley Hospital, the new consultant has had a breadth of experience that equips her well for her present duties. The early part of her professional career was spent in general and private nursing but postgraduate study resulted in a certificate in nursing education from U. of T. and one in psychiatric nursing from the University of Western Ontario. In addition she holds a Bachelor of Arts degree from U. of T. The positions that she subsequently filled in nursing carried ever increasing responsibilities. Miss Jamieson was clinical instructor and supervisor at Kitchener-Waterloo Hospital for a time and assistant director of nursing at Toronto Western Hospital. During World War II, she served in South Africa and Italy with the South African Military Nursing Service, and she spent some time in India as a nurse educator under the Colombo Plan.

LOUISE JAMIESON

The Montreal Children's Hospital recently welcomed **Roselyn Smith** as the new director of nursing. Born in Alberta, she received her early education in her home town of Drumheller and her preparation as a school teacher in Calgary Normal School. Rural school teaching occupied her interest for a few years and then she travelled further west to begin her career in nursing at St. Paul's Hospital, Vancouver, graduating in 1949.

Her professional life since graduation has been devoted to the care of children. She spent the years 1949-54 in the pediatric department of St. Paul's Hospital, working first as a staff nurse and then as assistant head nurse. The next two years were taken up with postgraduate study at the School for Graduate Nurses, McGill University where she obtained her Bachelor of Nursing degree in teaching and supervision in pediatrics. Miss Smith then returned to St. Paul's as instructor in pediatrics, but later became supervisor and head nurse of the children's unit. She left this position to take up her present duties at M.C.H.

An extensive record collection, good books and cooking are favorite off-duty interests. She also possesses a "green thumb" — her collection of plants testifies to this. Coming to a bilingual province and city, Miss Smith has set herself a specific goal for her first year — "to learn to speak French fluently."

(Montreal Star)

MISS ROSELYN SMITH

This month we have an opportunity to introduce **Janet Cranston Ives,** the director of nursing education at the Prince Edward Island Hospital, to our readers.

"The Island" is home to Miss Ives and she is a graduate of the P.E.I. Hospital. However, since graduation her career has carried her far afield. Two years as a general duty nurse at Vancouver General Hospital were succeeded by postgraduate study at the University of British Columbia. Then she went on to Kitchener-Waterloo Hospital to become science instructor for a year. A few months of private nursing, one month as an industrial nurse in Vancouver and she was on her way to Denmark where she remained for a year of general duty in a Copenhagen hospital. In 1958, Miss Ives returned home to begin her present duties proving, perhaps, that after all her travels "The Island" was unsurpassed as a place to live and work.

(Paul Horsdal Ltd. — Ottawa)

ALBERTA CREASOR

After 32 years with the Victorian Order of Nurses, **Alberta Creasor** has retired from the Vancouver branch, where for almost half of her service she has been district director. Canadian by birth, Miss Creasor received her academic education in Saskatchewan and Ontario and her professional education at the Hamilton General Hospital. Postgraduate study at the University of Toronto gained for her a certificate in public health nursing. She engaged in further study at McGill University in supervision in public health nursing.

Prior to her appointment as director in Vancouver, Miss Creasor was engaged in general and private duty. She has held staff positions with the V.O.N. as well as having been nurse-in-charge of the Regina and Victoria branches.

While employed in British Columbia, Miss Creasor took an active part in association affairs. She has held the positions of secretary and president of the Registered Nurses' Association, the latter from 1953-57.

Miss Creasor will now have more time for the reading, weaving and gardening that she enjoys so much. She has returned to Ontario, where she has taken up residence in Glencoe.

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* * *

How sickness enlarges the dimensions of a man's self to himself.

— CHARLES LAMB

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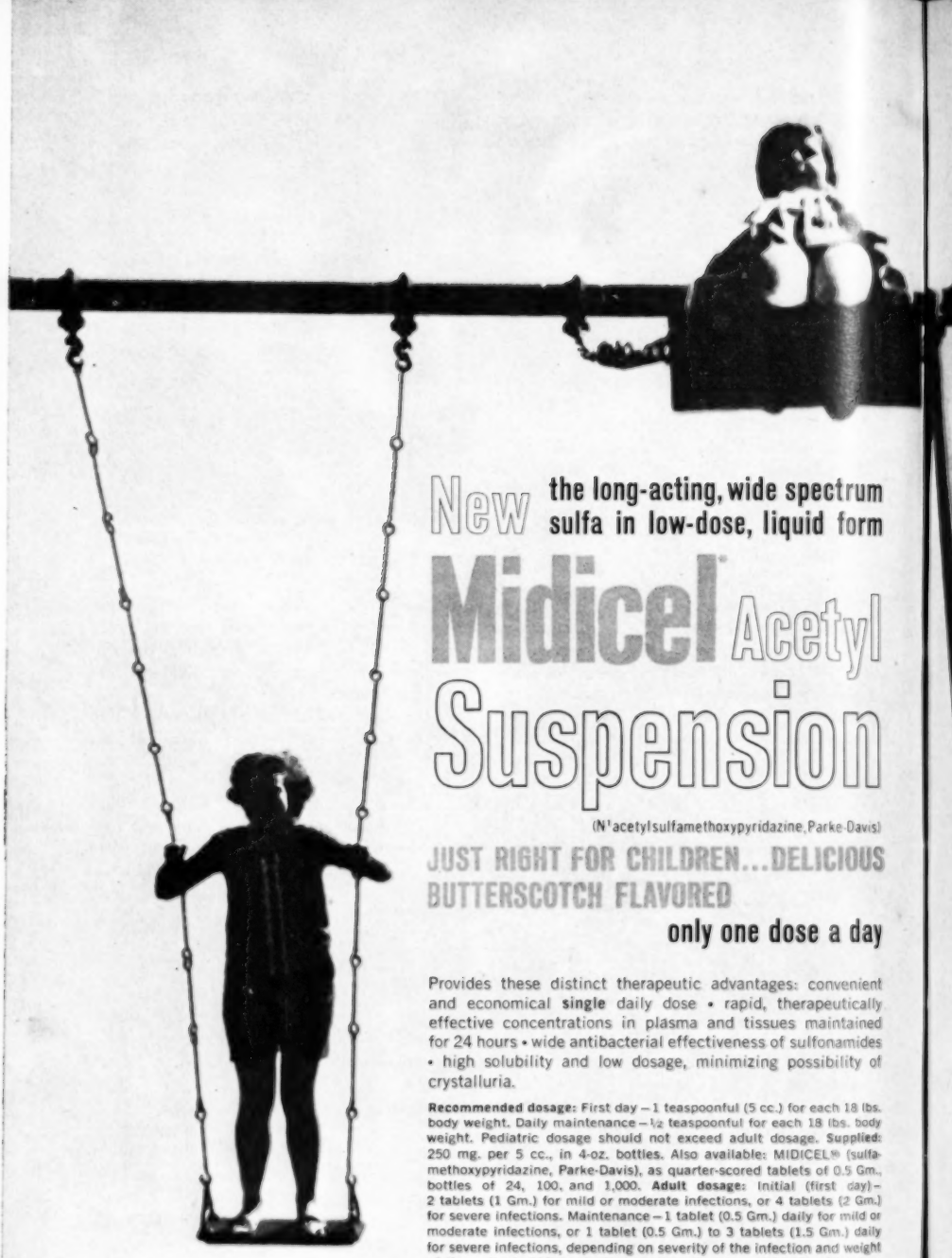
— The Canadian Welfare Council.



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One Person's Nursing Care

ISOBEL MACLEOD

Introduction

This is the story of Dick Luke who required care for over a year following an accident that resulted in extensive burns to his body. As this period of hospitalization came between Dick's 15th and 17th years, it was inevitable that he would have significant physical and emotional changes normal to his age. In addition, he was faced with a traumatic experience that involved extreme pain, profound injury which brought him very close to death many times, much loss of function, and the need for a long and comprehensive rehabilitation program. The skills of many professional workers were brought into play. Dick's own courage and recuperative powers were drawn upon to the fullest extent. The record of combined effort presents a full and interesting picture of nursing care and the story has a happy ending.

Each person who contributed to Dick's care will describe her department's role in the following pages. The nursing care was so closely interwoven with the care given by the physiotherapists and occupational therapists that the picture would be incomplete without including the part played by these services in Dick's rehabilitation.

The Problem of Burns

ANNA CHRISTIE

Burns cause a great many deaths annually. Many of the accidents which result in burns can be prevented. As nurses, we have a positive part to play in general health education by helping to promote legislation to control some of man's thoughtless practices thus making his working and living conditions as safe as possible. Public health nurses are in an unusually advantageous position to recognize unsafe practices in the home and to help families develop safe habits of living.

Burns are particularly distressing because of certain adaptive problems associated with this type of injury:

The threat to survival

The fear of permanent physical damage and disfigurement

A considerable amount of pain and prolonged physical discomfort

The need for frequent general anesthetics and surgical procedures

The long tedious convalescence

The expenditure of much money.

These primary problems may be complicated by the following secondary problems:

Emotional reaction that may be more distressing than physical discomfort;

Separation from family and friends — an overwhelming feeling of loneliness and home sickness that may lead to depression and self-pity;

Effect of injury on future plans;

Feelings of inadequacy in comparison with other people;

Personal rejection and hostility.

The aims in the treatment of burns are outlined briefly and as the story unfolds you will be able to see how the care given to the patient revolved around them. The emphasis has been placed on the nursing care, but it is understood that the surgeon and his staff were very closely concerned with the patient and his treatment throughout and they set the stage for the nursing care.

Mrs. MacLeod is director of nursing and Miss Christie is associate director of nursing at the Montreal General Hospital. They acted as the chairman and narrator respectively for the panel that presented this study in nursing care at the nurses' section of the American College of Surgeons convention earlier this year.

"MOTHER"
by A. Lewin-Funke

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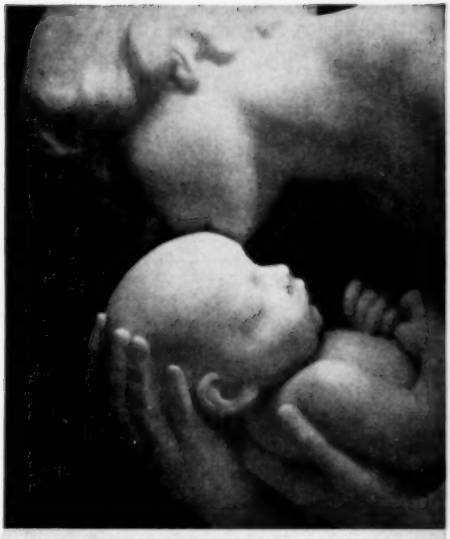

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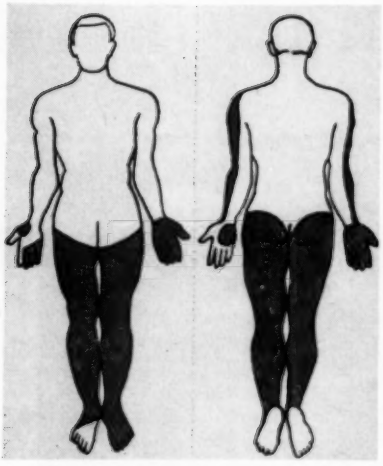

Burned areas shown in black

In the order of their importance the aims of treatment in the care of patients with burns are:

1. To prevent or control shock and pain
2. To prevent fluid loss and to replace lost fluid
3. To prevent infection
4. To promote early healing
5. To prevent emotional upset
6. To prevent contracture formation
7. To achieve normal function if possible.

The nursing care consists mainly of assisting the surgeon with the above, observation of the patient, general hygienic care, maintenance of physiological function and support in times of stress and emotional upheaval.

Dick Luke was severely burned while destroying leaves at his home in the suburbs one September afternoon. He had attempted to speed up the process with the help of a small amount of gasoline. The wind blew the leaves against him and he suffered severe burns of both arms, both legs, feet and buttocks. He was admitted quickly to a hospital near his home. There he was treated for shock, and given local treatment to the burned areas. Three weeks later he was transferred to our hospital for further treatment. It was found that he was still suffering from shock.

Dick was the eldest of a family of three — two boys and a girl. His father was a salesman in a photographic agency. Dick's mother seemed to show preference for his brother who was active in sports and well adjusted socially. Dick was inclined to be shy, retiring and slow at his studies. He remained in hospital for well over one year. During this time he suffered from a number of complications that necessitated several operations and much reassurance and encouragement.

On the Ward

DOREEN LEPOT

Dick was suffering from second and third degree burns to 65% of his body. The areas involved included both arms, legs, feet and buttocks. On admission, he was found to be in a state of shock and immediate measures were taken to relieve this condition. Replacement therapy in the form of whole blood, saline, and electrolyte solutions was started. During the first six weeks of hospitalization Dick received 41 pints of blood.

A nutritional program of high protein oral feedings was attempted, but nausea and vomiting prevented an adequate intake. Eventually gastric tube feedings were used with 50 cc. of high protein fluids given hourly. Even after Dick was able to tolerate food and fluid orally, the tube feedings were continued to supplement his intake. Shortly after his admission a Foley catheter was inserted. An accurate record of intake and output was kept faithfully. The necessity for constant nursing care was recognized immediately. Special nurses were in 24-hour attendance for the entire period of Dick's initial hospitalization.

Miss Lepot is a general staff nurse at the Montreal General Hospital.

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Following this early systemic treatment, attention was turned to the burned areas. Four days after admission Dick went to the operating room — the first of many visits — for a change of burn dressing. Because of the extent of the injury, general anesthesia was unavoidable. For several weeks this method of changing dressings was repeated until the areas were ready for grafting. Occlusive dressings were used — pads soaked in Dakin's solution and held in place by flannel bandages.

The nursing care was primarily concerned with the prevention of infection. Sterile bed linen and conscientious attendance to hygienic principles were prophylatic measures used to combat this threat. Frequent mouth care and twice daily irrigations of the indwelling catheter were two of the many responsibilities of the nurse. In spite of these efforts, and the use of antibiotics, clinical infection supervened. The site first involved was the parotid glands. Incision and drainage were carried out. Later staphylococcal infection was found to be present in the excretions of Dick's lungs, bowel and bladder. This complication was undoubtedly encouraged by his greatly decreased resistance and the expanse of the injured area. Fortunately, except for one leg, the burned areas developed minimal infection.

While much of our attention became focused on means of preventing the spread of infection, the maintenance of normal body function was also a daily responsibility of the nurse. Shortly after admission Dick was placed on a Stryker frame which simplified his nursing care in many ways. The two-hourly turnings which were necessary to prevent prolonged pressure on any one area and to improve general circulation could be done with the least possible discomfort. Correct posturing as a means of preventing deformities was extremely difficult because of the extent of the injury and the necessity for keeping grafted areas at rest. However, insofar as possible the anatomical position was maintained with the extremities kept in the position of normal function.

Meanwhile further complications continued to plague his recovery. During one of his visits to the operating room, Dick suffered a cardiac arrest. A successful heart massage was done by the attending surgeon but three days later, hypostatic pneumonia developed. Drug therapy was intensive throughout Dick's hospitalization. Aside from antibiotics — of which several varieties were used — vitamins, sedatives, analgesics, and cortisone were employed as his condition warranted.

Skin grafting, which had been started about two months after admission began to show considerable progress. Both grafted areas and donor sites were responding well. Saline baths were ordered during which the old dressings were removed and after 20 minutes soaking, Jelonet was applied, covered with a Dakin's pad and held in place with flannel bandages. Three months after admission all dressings were removed from the arms and three months later, occlusive dressings on the legs were discontinued. They were replaced by alternate exposure to the air and the application of wet Dakin's dressings.

Staphylococcal infection continued to be a problem. A urethroscrotal fistula developed which required a suprapubic cystotomy. Still later a staphylococcal bronchopneumonia developed and was successfully treated. No further infection occurred after this.

Throughout his hospitalization every effort was made to anticipate and meet his needs, including sacrificing hospital routine when necessary. For example, Dick's nutritional intake was extremely important. He was encouraged to eat by observing his wishes about when and what to eat as far as possible. Apart from his grave physical condition the emotional aspects of his illness were of great concern. At the beginning he displayed obvious regressive behavior. His nurses noted that he was demanding, irritable, hysterical, apprehensive and uncooperative. All of this had to be understood as a normal reaction to his injury. The immediate threat to survival and the fear of permanent damage, disfigurement and dependence must have played a large part in this initial response. The pain associated with his injury could only add to these basic fears. While analgesics were employed to relieve physical suffering, reassurance and ex-

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tra attention helped to ease emotional tension.

Typical of most people who have suffered burns, Dick felt that his accident was partly due to his own negligence and the guilt feeling associated with this had to be resolved. As his physical condition began to improve, attempts were made to relieve emotional stress and improve his morale. Dick was moved to the solarium on his floor. Here, surrounded by his personal belongings, a television set, books, and all manner of things of interest to young boys, he remained quite happily until his discharge.

Dick's relationships with the staff were extremely good throughout his stay. This was helped by the fact that as far as possible the number of doctors and nurses involved in his care was limited. Thus, the medical and nursing care remained consistent. This gave Dick a feeling of confidence in those caring for him. A rather natural result was that he developed a strong attachment for one of his special nurses. This dependency had to be gradually broken as plans for his discharge began to form. With the help of supportive psychotherapy and intense occupational and physical therapy, Dick's emotional state improved rapidly. Gradually the mental well-being so necessary to a successful recovery was attained.

From his tenth month in hospital until his discharge, recovery medically was fairly uneventful. This time was devoted almost entirely to physiotherapy and occupational therapy with gradual improvement of impaired body functions. A few months after discharge Dick was readmitted for a successful repair of the urethroscrotal fistula and later for the removal of the suprapubic tube. Another residual complication, right drop foot, required three further admissions. Attempts to correct it, first by plaster cast and then by a splint were unsuccessful. On his third and final admission, a triple arthrodesis was performed.

Dick's complete recovery was a source of satisfaction to all who had cared for him. The sight of this healthy young man leaving hospital was our greatest reward possible.

In the Operating Room

PATRICIA SZMIDT

Dick first came to the operating room five days after admission to hospital. We saw a very anxious, badly burned boy, apprehensive of the surgical procedure and the anesthetic.

He was anesthetized and all his dressings were removed. The burned areas were cleansed with saline. They appeared clean and granulation tissue was much in evidence. Jelonet and pads saturated with 1 : 8 Dakin's solution were applied to the burns and held in position with flannel bandages. Dick withstood this treatment very well. The procedure was carried out six times more before skin grafting began, which was five weeks after admission to hospital.

Mrs. Szmidt is a head nurse on the staff of the operating room at the Montreal General Hospital.

During Dick's sixth visit to the operating room he had a cardiac arrest. The anesthetic had just been started when his heart failed. The surgeon made an intrathoracic incision in the left side, then through the diaphragmatic surface of the pericardium and the heart was "massaged" digitally. When the heart had resumed a regular beat for about 30 minutes, the incision was closed.

On his next visit we noticed that Dick was more apprehensive than he had been before his cardiac arrest. We did our utmost to have everything in readiness to prevent delay of any kind. The same nursing personnel received him in the operating room whenever possible, as this did much to reassure him. It was as though he felt that we had all been through this with him before and therefore all would be well.

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REFERENCES

Fraser, R. G., Journal of Canadian Ass. of Rad., Dec. 1958; Clark, A. N. G., British Medical Journal, 2:866, Oct. 12, 1957; Raymond, O., Nogrady, B., Vézina, J. A., Scientific Exhibit presented at the Twenty-Second Annual Meeting of the Canadian Ass. of Rad., Saskatoon, Sask., Jan. 1959.

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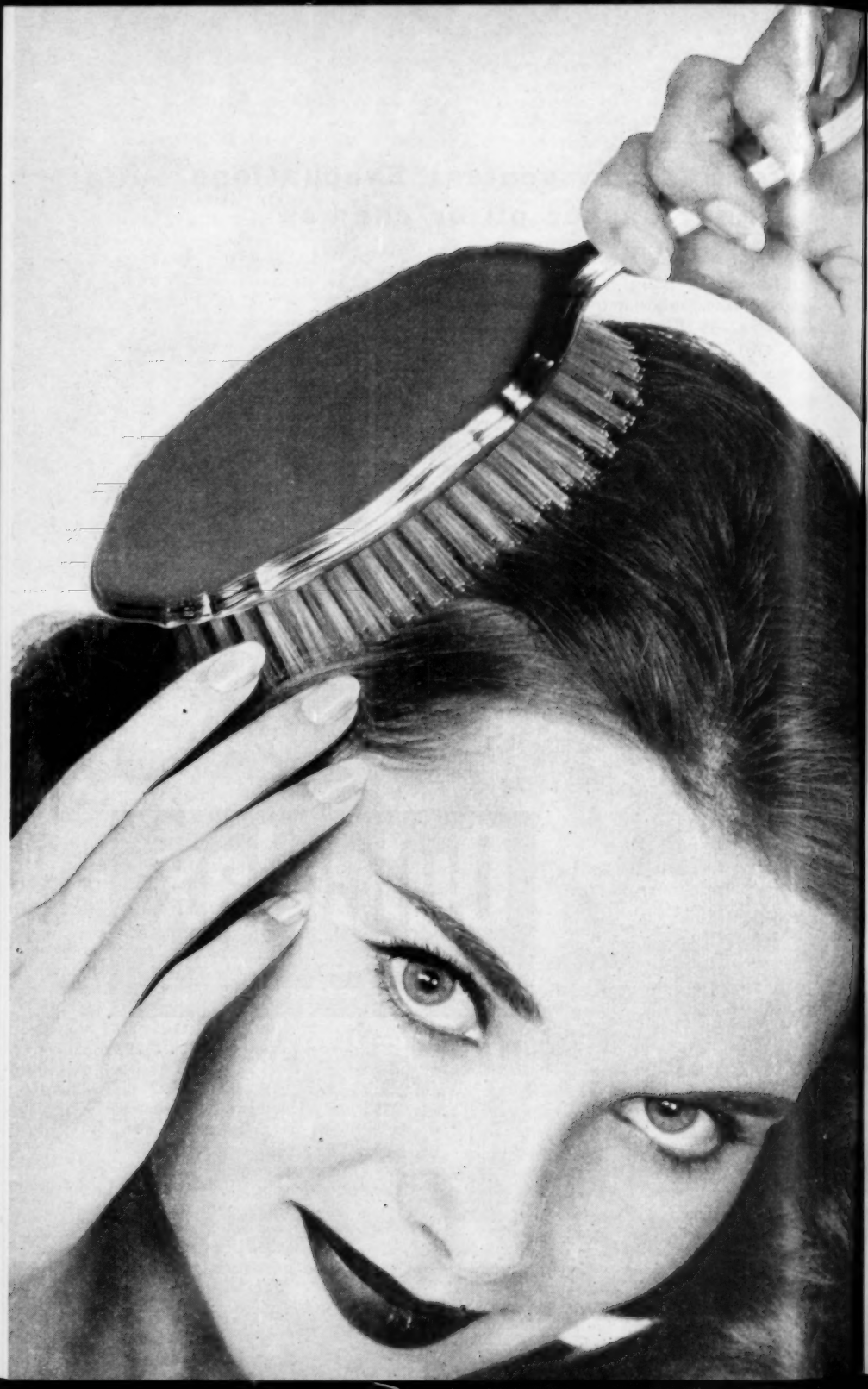

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- ☐ 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- ☐ 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- ☐ 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- ☐ 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

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In the operating room Dick was considered a septic (contaminated) case. The burned areas were in poor condition and had obviously become infected. Dick's own skin had to be reserved for the final grafting and homografts were decided upon as a temporary measure.

Before his next change of dressing, one of the doctors visited a local prison just off the Island of Montreal where two men had volunteered to donate skin. The homografts were applied to both arms and the left leg. The usual dressings of Jelonet and Dakin's pads were used. Eleven days after the homografting Dick came to the operating room again. He was anesthetized and all dressings were removed. The grafts were seen to be taking well with minimal infection of the left arm although the left leg showed marked infection. All areas were thoroughly cleansed and dressed in the usual manner. A transfusion of one pint of blood was administered as well.

Later more homografts were applied to the upper and lower extremities and 13 days afterwards they were inspected. The results showed that the grafts were taking well on the left leg and there was a 30% "take" on the right leg.

Dick spent Christmas of that year in the hospital. With the coming of the New Year, we began using his own skin for grafting to the burned areas. Under a local anesthetic the skin was taken from the abdomen with the Padget dermatome. The skin was left on the dermatome, the adjustment reset and the graft split. In this way we were able to have twice as much skin in one operation. The skin was placed in a sterile container and refrigerated for use at a later date. The donor site was dressed with scarlet red and a dry dressing.

On his next visit to the operating room, skin was taken from Dick's back and applied to both legs with the usual dressings. During the next 10 days, the scrotal abscess previously mentioned occurred and necessitated incision and drainage as well as a suprapubic cystotomy. Plastic surgery continued in spite of this. Skin was taken from Dick's chest and applied to both legs. All dressings were removed on the 16th visit. Again skin was taken from the chest, placed on Jelonet, cut into small squares and laid over the granulating surfaces on the legs. The Dakin's pad dressings were no longer required. The skin grafting was completed in two more sessions.

Two years elapsed before we saw Dick again in the operating room. During this time the physiotherapist continued to help him along the road to recovery, but the deformity of his right foot did not improve.

He was readmitted to hospital by the orthopedic service. As exercises and the application of plaster casts were unsuccessful in treating his drop foot, a surgical procedure was necessary.

During this last visit to the O. R. a spinal anesthetic was given, a triple arthrodesis of his right foot was performed, and a plaster cast was applied.

The Rehabilitation Program

IRMGARD PAKALNINS

Four months after Dick's admission the Department of Physical Medicine and Occupational Therapy was consulted concerning rehabilitation of this very severely burned young boy. Five difficult months had passed since the accident. Now Dick was hopefully looking forward to regaining the use of his limbs.

The dressings were removed from his arms and they were found to be almost healed, but movement was limited in all joints. Flexion of the elbows was limited to a useless range that did not allow him to feed himself. Pronation and supination of the elbows were practically nil, shoulder range

Mrs. Pakalnins is physiotherapist-in-charge at the Montreal General Hospital.

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was limited to about 90° in flexion, 75° in abduction as well as in rotation. His hands although only slightly burned, were practically useless. The grip was weak due to the prolonged immobilization of the arms.

Dick's legs were still in dressings since grafting had been done and healing was not yet complete. His feet were exposed and appeared to be dropped. There was no active movement in the ankles or the toes. The right ankle was completely fixed. The left ankle had 30-40 per cent passive movement.

After a consultation between the surgeon and the doctor in charge of Physical Medicine, a program of physiotherapy and occupational therapy was developed. The aims were:

To improve the condition of the skin and correct contractures by daily massage to the arms.

To increase range of movement in joints and to strengthen the muscles of the arms. Active and active-resisted exercises were carried out daily.

Ankles and toes were exercised passively and active movement was encouraged.

The occupational therapist taught Dick to knot a belt. The aims of this activity were:

To utilize the range of motion gained.

To check Dick's attention span.

The belt was mounted on an adjustable frame. As Dick's range of motion increased, the frame was arranged so that knotting the belt became correspondingly more difficult. To strengthen his grip he was taught to punch designs in leather belts. Dick worked hard. Every hour of the day was spent constructively. His nurse and the therapists cooperated very closely. The nurse encouraged him to use his arms for all activities within his range of motion and strength. In about a month Dick had regained sufficient flexion, supination and pronation of the elbow and strength in his hand to enable him to feed himself.

When the dressings were removed from his legs we were faced with completely stiff and straight knees. Again massage and exercises were carried out, but during the next month very little progress in knee flexion was noted. Exercises were precribed for his back and hips which had become stiff and the muscles weak from the prolonged bed rest.

Physical therapy treatments were discontinued for about three months when Dick developed the complications discussed previously. On resuming treatment, he progressed from bed exercises to exercises in the Hubbard tank. This kind of treatment has many advantages.

It increases the circulation and relaxes the muscles

The buoyancy of water assists in training weak muscles

Exercising in the water helps to re-establish group movement of muscles

It is conducive to good morale.

The progress in the bath was very encouraging. Dick's skin tone improved; the range of motion in his knee joints slowly increased, and his muscles became stronger.

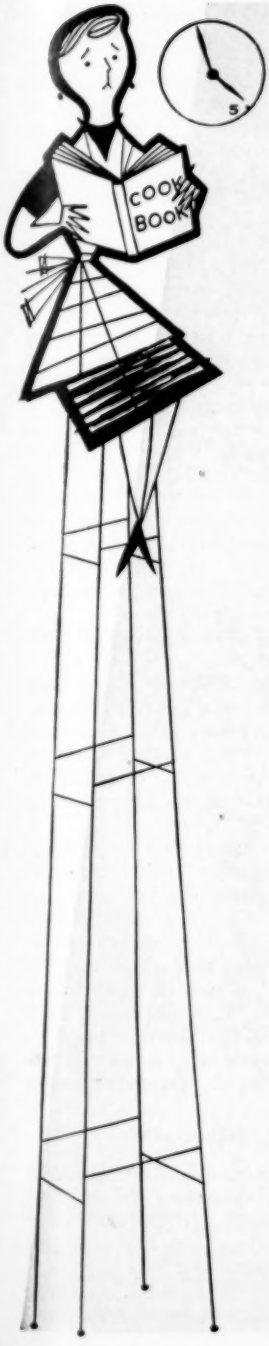
In approximately one month it was decided that Dick was ready to attempt standing up in the Hubbard tank. His arms were very strong and by grasping the parallel bars in the tank's walking compartment he was able to support himself upright. This was a very happy moment after 10 months of hospitalization.

However, his left foot only touched the floor partially — the heel was still up. The right foot, due to the contractures of the Achilles tendon planta fascia, just barely touched the floor with the toes.

Gradually Dick started to take a few steps in the water with the therapist assisting him, and soon he progressed to walking. His walking was not satisfactory due to the contractures and deformity. Then, once more, treatments were interrupted for a month by pneumonia.

When treatment was resumed, Dick went back to walking in the water again. Soon it was felt that he was strong enough to stand out of the water, using the "walker" as a support. Again, most of his weight was borne by his arms although his left heel now almost touched the ground. There was no change in the right foot.

Dick's difficulty in walking presented a real problem. An electrical test was done on the lower right leg. It confirmed the fact that active movement was not possible in the muscles controlling the toes, the ankle and the



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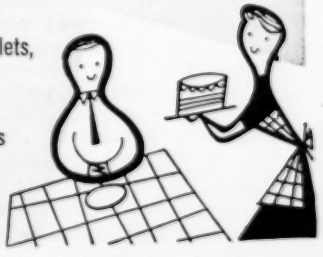

foot though some muscles showed a possibility of regaining strength.

To increase mobility in the right ankle, treatments to the contracted Achilles tendon and planta fascia were attempted. It was hoped that this would soften and loosen the scar tissue, thereby increasing the ankle range and allowing the heel to reach the ground. At the same time much effort went into increasing knee flexion. Assisted and resisted exercises with springs and slings were carried out faithfully.

The occupational therapist used a bicycle jig-saw as a means of exercising all of the leg muscles and to increase range in the knees as well as the ankles. Dick sawed wooden articles, his hands guiding the cutting blade while his legs, by bicycling, produced the power to operate the saw. Soon his knee flexion measured 76° in the left leg and 58° in the right.

In spite of all efforts to increase right ankle movement, there was little improvement. The doctors decided to order a built-up boot with ankle support. From then on walking became easier. Soon Dick was able to walk with two canes, and later with one.

By now he had spent 14 months in the hospital to achieve this degree of recovery. His physical rehabilitation had progressed favorably, but he had lost one year of school. Since he was not yet ready to be discharged, another year might pass before he would be able to attend school again.

The occupational therapist undertook to tutor him in Grade IX subjects. She was in constant touch with the teachers at his school, receiving and delivering the completed problems. Dick had never been a good student. He had been much more interested in outdoor activities and had planned to be a land surveyor. Now, physically handicapped, he realized that he might not be able to pursue this vocation.

School work did not interest him, and he found it very difficult to pick up where he had left off when he was injured. It took much patience, coaxing and perseverance on the occupational therapist's part to guide him in his studies. After a few months, Dick's attitude towards study changed, and it became a challenge for him to complete the year successfully.

After he was first discharged from the hospital his father brought him to the department every morning and called for him late in the afternoon. Between treatments Dick continued his studies in a quiet corner of the busy department. At lunchtime his teacher took him to the hospital dining room where they ate together. After an hour of rest, Dick went on with more school work and physical exercises.

When he was finally discharged from the Department of Physical Medicine, his arms and legs were strong, his right knee flexed to 120°, his left knee to 130°. A very good result! His school work had been completed also. He wrote his examinations, passed them and was allowed to enrol in grade X the next fall.

During the following winter Dick had to attend the orthopedic clinic occasionally for treatment of his right foot. The equinus varus deformity still existed and was being corrected by plaster. He always came to see us too — sometimes to be encouraged, other times to tell of his successes and future plans.

Almost three years after his accident Dick was hospitalized once more and a triple arthrodesis was performed on his right foot. This has enabled Dick to discard the built-up boot, and to wear an ordinary shoe instead that has only an eighth of an inch extra lift on the right heel. He walks easily now and as much as he likes. He is extremely satisfied with the result and appears to be a happy and well-adjusted young man.

Summary

This has been the picture of one person's nursing care. There is much that has been left unsaid.

No hospital can function efficiently without the people who are behind the scenes doing the routine, unexciting, small jobs that comprise the whole picture of one person's nursing care.

We have felt in reviewing Dick's illness that an important function of nursing illustrated by his care is to support and strengthen the resources within the patient and that extension of himself, his family. By so doing we help the patient to find his way back to health.

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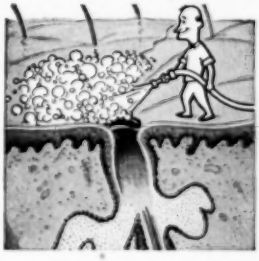

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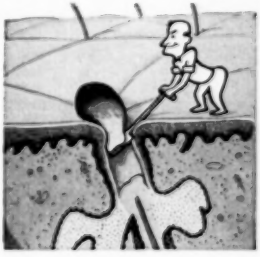

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The Manic-Depressive Psychosis

JOHN GIBSON, M.B., CH.B., D.P.M.

A PERSON with a manic-depressive psychosis is liable to suffer recurrent attacks of depression or of mania or of both depression and mania. The characteristic features of this disease are: (a) a depression or an elevation of mood, and (b) a periodicity of attacks with return to normal between them. Attacks of depression are much more common than attacks of mania. Individual patients show a tendency to keep to a definite pattern of disease; some have attacks of depression only, some have attacks of mania only, some have attacks of both. The pattern of disease is often the same in a patient, who usually has the same depressive or manic ideas in each attack and is ill for the same length of time.

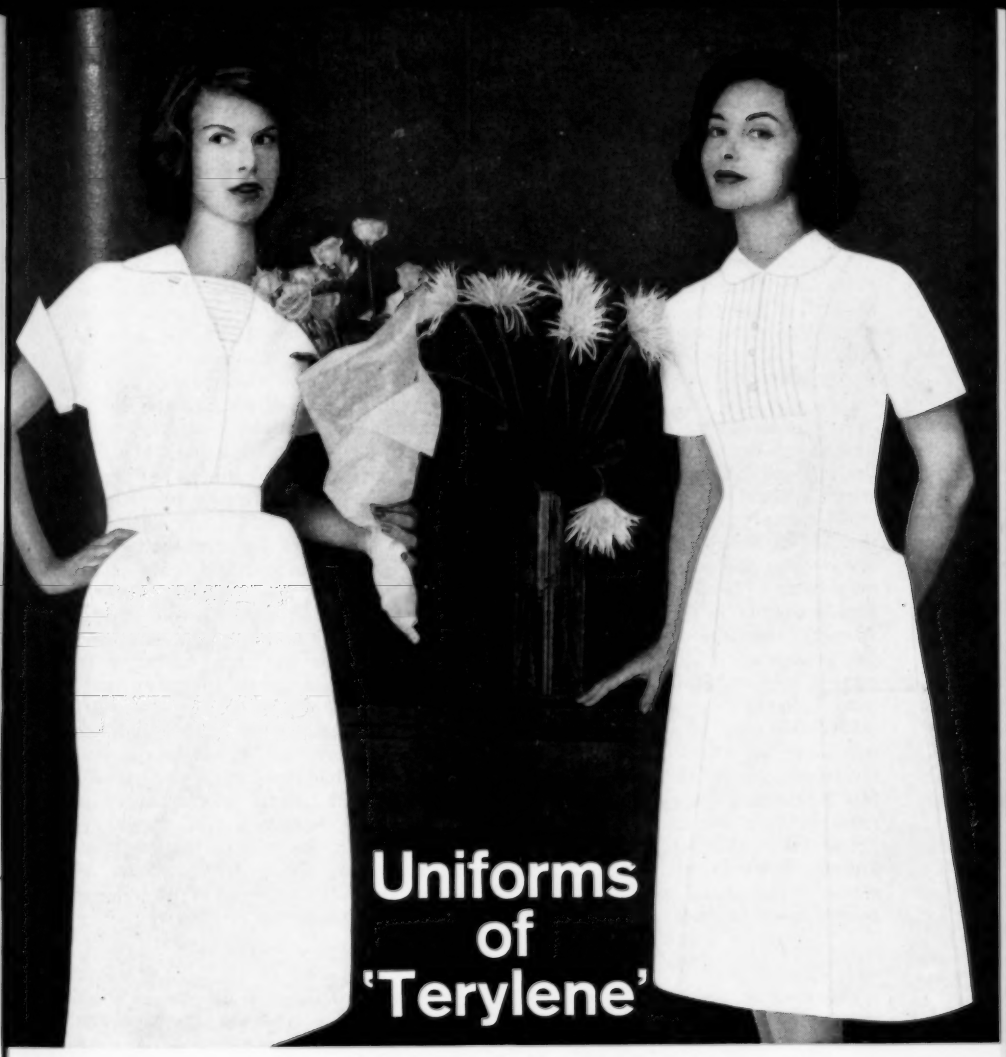
The cause of this illness is unknown. An inherited factor has been demonstrated, and the same type of disease may be handed down from parent to child. The incidence is higher in women than in men, and childbirth is often a precipitating factor. Adversity and rebuffs are not necessarily, even in predisposed people, likely to cause attacks, many of which come "out of the blue" for no ascertainable reason. Early symptoms of the disease are often mistaken for a cause, especially "overwork" which may be a symptom of mild mania. The physical build of the person who develops this disease is typically *pyknic*: a short, tubby person, of Napleonic build, with a broad chest and abdomen, and a lot of fat. In personality they may be: (a) constitutionally manic: cheerful, lively, sociable people, bubbling over with ideas and good intentions, but tending to be over-optimistic, mercurial and irresponsible; or (b) constitutionally depressive: quiet, self-absorbed and pessimistic; or (c) cyclothymic, with alternation of mood from mild depression to mild elation and back again. Generally they are very pleasant people and the salt of the earth. "The last person I thought would go insane" is often the comment of a friend.

Attacks of the disease usually occur for the first time in early adult life, but they are not unknown in childhood (where they may possibly be the cause of an otherwise inexplicable suicide) and old age. Having once happened they tend to recur at intervals which may be of several years' duration.

The attacks of depression may vary from very mild to extremely profound and even to stupor. An attack may begin slowly, or so suddenly that the day or hour of its beginning may be pinpointed. Depression is the typical feature. The kinds of ideas the patient develops are that he is wicked, has done no good in the world, has achieved whatever position he holds by fraud, deception or crime, and that his condition is absolutely hopeless. Out of these depressive ideas he cannot be argued. Suicide as the only way out is commonly in his mind, and attempts at it may occur at any stage of the disease. A patient may murder his family from a profound conviction of the hopelessness of their lot. During these episodes he is retarded in his mental processes and sometimes passes into stupor. He sleeps badly and is at his worst in the morning, the force of his misery abating a little towards evening. After an attack, which may vary in duration from weeks to many months, he recovers — sometimes with the same abruptness that had characterized the onset.

In mania the picture is different. The patient suddenly or in a few days passes into a state of great happiness and over-excitement. His brain works too quickly. Idea after idea passes through it in headlong flight. Words are recklessly uttered regardless of their logical connection. He may be too excited to eat or drink; he will sleep badly if at all; he may be wildly destructive or quite indifferent to ordinary decencies; he may wear himself out; at the worst he may pass into a delirium, which carries a risk to life. Typically an attack lasts for six weeks and fi-

Dr. Gibson is a psychiatrist at St. Lawrence's Hospital, Caterham, Surrey, England. This is the second of a series of articles on psychiatric subjects.



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nishes abruptly with a return to normal within a few hours. Longer attacks are known, and a few people, usually those who have had many attacks or who have their first attack over the age of fifty, may pass into a state of chronic mania, from which they do not recover. With this latter exception, return to normal is the rule, the patient being physically exhausted and ignorant of much or all that has occured during the attack.

In our treatment of both these conditions we must consider that we are dealing with self-limiting diseases from which *recovery is the rule*. In depressions, however, we are confronted with the fact that the disease is often a fatal one — that the patient may die by his own hand. The prevention of suicide should ever be in the mind of those responsible for the patient's care. For this reason admission to a mental hospital is often essential, and in the hospital adequate precautions must be taken. One form of treatment will often cut short an attack of depression — electroconvulsive therapy (ECT). A few treatments given at the right time may abruptly terminate the illness and restore the patient to normality. It is known, however, that this treatment cannot prevent an attack, cannot be relied upon to cure a patient in the early stages of the disease, may be followed by relapse (dangerous because precautions may have been relaxed and an opportunity afforded for suicide), and is liable to produce loss of memory which though usually temporary, has been known to last for years and to be crippling to a business or professional man. Whenever the treatment is given, it should be discontinued if there has been no response to the first four treatments, and it should not be resumed until the illness has lasted for at least another two months. The treatment is most likely to be effective when the illness has lasted a long time and is drawing towards its natural termination.

The severity of the usual attack of acute mania necessitates care in a mental hospital, into which the patient may have to be entered compulsorily. There, in a single room, protected from his own excesses, he must be skilfully nursed, given adequate nourishment (if necessary, by tube-feeding), and sedated by paraldehyde or other sedatives or by tranquillizers. A prolonged bath is often particularly soothing and helpful. As recovery is the rule, ECT may not be necessary, except when the patient does not recover within six to eight weeks or when there is a danger of collapse following extreme over-activity.

Children born this year have an excellent chance to live through the first quarter of the 21st century — even if there is no further improvement in the average length of life. Two out of three white newborn boys and four out of five girls will live to reach age 65 in the year 2024, according to current mortality conditions as interpreted by statisticians.

These probabilities are in sharp contrast to those in force at the beginning of the present century. Boys born around 1900 had only two chances in five of living to age 65, while for girls born at that time the chances were only slightly better.

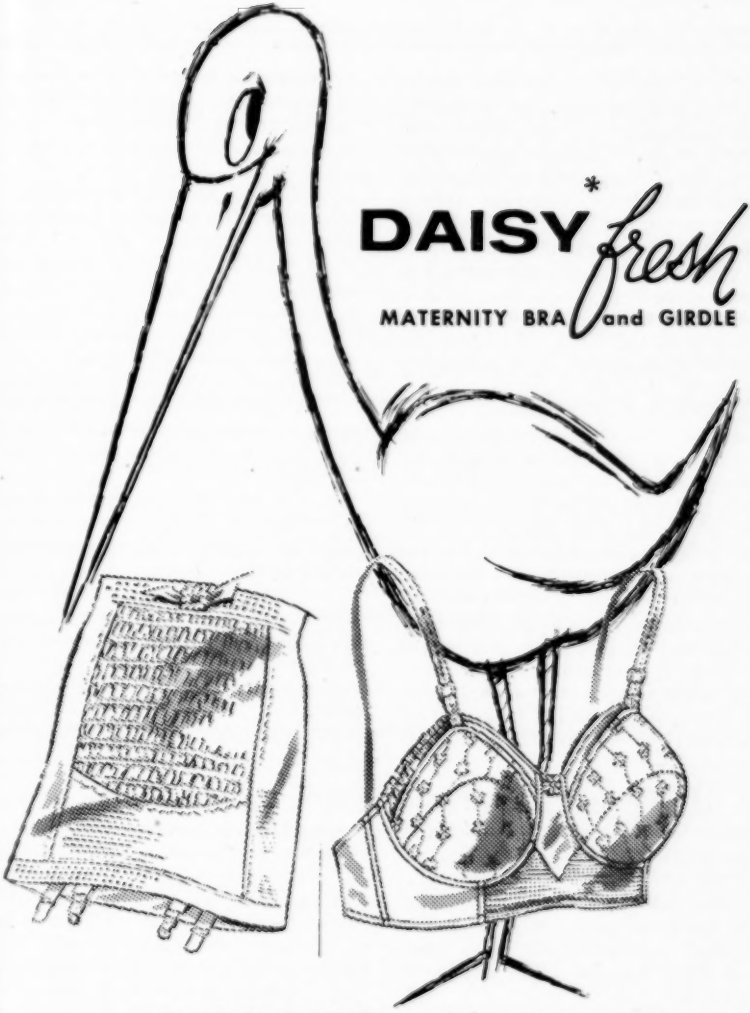
Now for young men of 18 — those just reaching working age — the chances of attaining normal retirement are about 68 in 100. Somewhat more than 70 out of every 100 men in their late 30's and early 40's, when family responsibilities are generally at their peak, can expect to be alive at age 65.

A considerable proportion of the men and women who attain age 65 can expect to be alive 20 years later to celebrate an 85th birthday — nearly 20 per cent of the men, and 30 per cent of the women. The average future lifetime of white people at age 65, according to current mortality conditions, is nearly 13 years for men, and 15½ years for women.

— *Metropolitan Information Service.*

A Swiss watch manufacturer is marketing a new wristwatch for use by doctors in automatically timing a patient's pulse rate. Graduations, viewed through a ring magnifier for accurate reading are set around the outer edge of the dial. A button starts, stops and returns the timer hand to zero position.

— *A.M.A. News*



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Teaching Community Aspects of Nursing

Their Inclusion in the Basic Curriculum

BEVERLY W. DU GAS, B.A., M.N., *and* BARBARA BLACKWOOD, B.A., B.A.Sc.

INHERENT in the philosophy of the school of nursing of the Vancouver General Hospital is the belief that the student should gain an understanding of the total nursing needs of the patient. In order to help the student develop the ability to meet these needs we have incorporated into the curriculum various aspects of community experience.

Former directors of the school of nursing saw the value of giving the students experience in community nursing. In 1943 an affiliation was arranged with the Metropolitan Health Committee, the official health agency of Vancouver. An affiliation with the Victorian Order of Nurses was started for the students in 1942. Various other affiliations were added over the years including a program with the Provincial Department of Venereal Disease Control; an observational period at the G. F. Strong Rehabilitation Centre; as well as experience in the hospital outpatient department. These affiliations were isolated rotations given at convenient times during the student's three year program, mostly in the senior year.

In February, 1958, it was felt that better advantage could be taken of the available community resources if a public health coordinator was appointed to the faculty of the school of nursing. Her task was to correlate these public health experiences and to help the student see the patient as a member of the community. The objectives set up were:

Central objective: To provide opportunity for the student to develop an awareness of the role of the hospital in the total health program of the community.

Concomitant objectives:

1. To help the student develop an appreciation of the patient as a member of the community in order that she may gain an awareness of the cultural, emotional, social and economic factors which affect illness.
2. To help the student develop an awareness of the preventive health program in the community.
3. To help the student develop an awareness of the community facilities for the instruction and care of the patient before hospitalization, and his rehabilitation after hospitalization.
4. To help the student become aware of the interrelationship of community agencies, in order that she may be better able to help the patient utilize these services.
5. To help the student develop an awareneses of the role of the hospital nurse as a member of the community health team.
6. To provide opportunity for the student to develop an awareness of the total health, educational, recreational and welfare programs in the city.

Two blocks of community experience were set up: one, a four-week rotation in the students' intermediate year, the other four-week period is included in the senior year.

Public Health Nursing I

During the second year the students have experience in both obstetrical nursing and nursing of children. The public health rotation, therefore, has as its focus the maternal and child health programs in the community. The students are divided into three groups and rotated through the following:

1. Four days of observation with the Metropolitan Health Committee nurses. Here, the students see the preschool and school children's health programs, the mental hygiene program, the immunization clinics, the follow-up of tuberculosis patients as well as many other aspects of an official health agency's work.
2. Four days of observation with one

Mrs. Du Gas is A/Associate Director of Nursing Education, Miss Blackwood, Coordinator of public health nursing at the General Hospital, Vancouver, B.C.

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By M. ESTHER McCLAIN, R.N., B.S., M.S.; and SHIRLEY HAWKE GRAGG, R.N., B.S.N. New 1958, 3rd edition, 535 pages, 5½" x 8½", 128 illustrations. Price, $4.50.

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By RUTH W. JESSEE, R.N., Ed.D., Chairman, Department of Nursing Education, Wilkes College, Wilkes-Barre, Pennsylvania. 1958, 5th edition, 137 pages, 7¾" x 10½", illustrated. Price, $2.40.

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3. One week affiliation program with the Division of Tuberculosis Control. At this time the students receive a lecture series in the various aspects of tuberculosis nursing. They also have a field trip to Pearson Hospital where tuberculosis patients are hospitalized.

4. Four days with the Child Health Centre Outpatient Department, and the Adult Outpatient Department of the hospital. The students observe and work with the patients in these areas.

Four hours of classwork are given each week. Theoretical instruction includes:

1. Introductory lectures on the structure and function of official and voluntary health agencies.

2. The role of the various members of the health team as observed in these agencies.

3. Discussion of the child health programs in the community.

In addition, two field trips are arranged: the first is to the Workmen's Compensation Board Rehabilitation Centre, the second to the Canadian Arthritis and Rheumatism Society.

Each of these experiences in the community is preceded by a conference with the public health coordinator. Post-affiliation conferences are held when the students discuss how they can utilize what they have learned in the various agencies for the betterment of their hospital patients.

Public Health Nursing II

During the latter half of the student's third year, she is assigned to senior experience in the medical and surgical areas. Here, she assumes more responsibility for total patient care. Therefore, it seemed logical to offer her additional community experience so that she would be more aware of the various agencies to which she could refer her patients.

Our own outpatient department serves as the hub of the students' activities. From here, the student goes out for various observational experiences as follows:

1. Three days of observation with the Provincial Department of Venereal Disease Control.

2. Three days with the Victorian Order of Nurses.

3. Occupational health nursing — one day with the B. C. Electric Company; half a day field trip to the health clinic at the Hudson's Bay Company.

4. An afternoon field trip to the Glen and Grandview nursing homes with one of the hospital social workers.

5. A half day field trip with the Medical Services branch of the Vancouver City Social Service Department. This includes observation of home visiting with their public health nurses.

6. A half day visit to the Salvation Army's Harbor Light where rehabilitation work with some of our patients is provided.

Within the outpatient department, each student is given a carefully controlled rotation through the various clinics: surgery, including the general surgical clinics and the surgical specialties — proctology, orthopedics, urology, gynecology, neurosurgery, ophthalmology and otolaryngology; medicine and the medical specialties with such clinic service as: diabetic, arthritic, cardiac, dermatology, allergy, neurology, hypertension, and hematology.

Each student chooses one patient and with the help of the regular nursing staff in the department and the social workers, she prepares and carries out a supervised home visit. Following this the student presents her patient care study for discussion with the other students in her group and various members of the health team.

Four hours of classwork are given each week of this block also. Theoretical instruction given at this time includes:

1. Structure and function of public health work in Canada.

2. Patient teaching, interviewing and home visiting.

3. Community resources and how to use them, including the Community Chest and Council.

4. Home nursing.

5. World Health Organization.

6. Occupational health nursing.

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7. The role of the nurse in the community.

The Comprehensive Program

The two programs described above are separate experiences in public health nursing. However, we do integrate community aspects in nursing throughout the entire curriculum. To introduce the concept of the patient as a person, we enlarged our course in social sciences in the preliminary term, bringing it up to the status of a major course. As an early assignment the students are sent to the wards during their first week in the hospital in order to talk with patients. Each student writes up her interview, outlining what she has been able to find out about her patient. This has proved to be a very satisfying experience for the students who see the patient as a person rather than as an obstacle who is in their way when they later have to practise bed-making.

We also make use of the case-study method of teaching, dividing the class up into groups of 10 to 15 students for the discussion of situations involving nurse-patient relationships. The students are encouraged to bring out the sociological and psychological factors behind the patient's and the nurse's reactions. This has proved to be a very interesting method of teaching. The students participate in a small group and attitudes and prejudices are brought out into the open. They begin to think about the patient as a member of the community with a job, a family, and responsibilities. The cases are chosen to present typical problems which the nurse may have to face. Further discussion of the sociological factors involved in patient care is introduced during this term by a worker from the Social Service Department of the hospital.

At this time, too, we start our course in Disaster Nursing with one lecture by a representative of the City Health Department, and another by the medical director of the hospital describing the disaster plan which has been developed for the Vancouver General Hospital.

At the end of the preliminary term, the students start on their clinical rotations. The first areas to which they are assigned are the general medical and the eye, ear, nose and throat wards. While they are in the latter a field trip is arranged to the Jericho Hills School for the deaf and blind.

In their next term, while on the orthopedic unit, the students have experience with the physiotherapists in order to see some of the rehabilitative work being carried on in the hospital. They have two days at the G. F. Strong Rehabilitation Centre where they see a full rehabilitation program in action and where they may see some of the patients they have cared for in hospital. They also have an opportunity to observe in the orthopedic outpatient clinics.

During their intermediate year the students have their maternal and child health courses. Community experience integrated in these areas has already been described (Public Health Nursing I).

During the first half of the third year, the student has experience in psychiatric nursing either with the Provincial Mental Health Services or on our own psychiatric unit. In both instances, the student visits the Mental Health Services' Day Hospital for a case presentation by the staff there. If she has her psychiatric experience at V.G.H. she visits the Provincial Mental Health Services' Hospital at Essondale and the Crease Clinic.

During this term, also, the student has experience in our Emergency Department. Since we are a large hospital, this is a very active centre. Emergency nursing and disaster nursing are taught at this time by the instructor in that department.

Summary

In the preceding paragraphs we have endeavored to show how we have integrated community aspects of nursing into our basic curriculum. We believe that this helps to fulfill the aims and objectives of the Vancouver General Hospital School of Nursing so that the nurse will be able to give better nursing care to her patients wherever she may work.

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Planning a Demonstration Night

I. Colvin, S. Jones *and* D. Mitchell

The medical field is advancing rapidly and many nurses feel the need for mental refreshment in order that they may keep abreast, or at least not fall too far behind. This applies not only to the inactive nurse but, as shown by our attendance record, to the active nurse also. She may be intimately acquainted with her special field but has lost touch in other areas. In our local chapter of the Saskatchewan Registered Nurses' Association this need was recognized and action taken last year in the form of a refresher course for graduate nurses. We as a committee were fortunate in that we had recommendations and evaluations from that course, which we used as the basis for planning this year's activities.

Many people had stressed the need for demonstration of newer procedures and equipment. On the final night of a series of weekly presentations, we attempted to fill this need. The first half of the evening was devoted to a symposium by nurses on "Newer Concepts of Nursing." Then the audience was invited to view the demonstrations.

We felt that just showing a collection of equipment with people standing by to answer questions was not sufficient. But what was the answer? Together we planned different "life" situations in nursing care and asked nurses accustomed to nursing these conditions to take part in arranging and displaying them. Into each of these situations we tried to include the most appropriate and frequently used equipment. We wished to show as much as possible without duplication and this required cooperative planning. Nine situations and displays were arranged.

The demonstrations were held in the teaching department of our hospital, and we were indeed fortunate to have such an ideal location. We had separate rooms for all displays except two. This enabled the speakers to discuss and answer questions without too much competition.

We are very appreciative of the work of the central supply supervisor and her staff who gave freely of their time in preparing our equipment, and the manual aid of the maintenance department of the hospital in delivering our equipment was invaluable. The facilities of the teaching department were all available to us. The demonstrations would have been impossible without the cooperation and services of these various people, and the committee are deeply in their debt.

The following demonstrations were set up:

A. *The place of the auxiliary staff in nursing*: A nursing assistant, nurses' aide and the hospital supervisor for auxiliary staff were present with a blood pressure apparatus, T.P.R. trays, and other equipment that auxiliary staff can use. They answered questions on the place of the nursing assistant and aides, and distributed pamphlets from the Canadian Vocational Training program for nursing assistants.

B. *Recovery room*: This showed a postoperative patient strapped on a stretcher with intravenous running, and the availability of suction, oxygen and blood pressure apparatus. This display was a follow-up of a panel discussion previously held on anesthesia, fluid balance and postoperative care in the post-anesthesia room. The use of emergency drugs was discussed thoroughly.

C. *Public health and V.O.N.*: This demonstration was located at the back of the auditorium and was thus available immediately to the audience upon completion of the symposium. The thought behind this location was that perhaps the audience might be diverted to the more dramatic aspects of the demonstration and thus miss the public health aspects. A public health nurse and a V.O.N. nurse were available to answer questions. They had a supply of

All the authors are on the staff of Regina General Hospital. Formerly supervisor of the obstetrical department, Miss Colvin is now Assistant Director of Nursing. Miss Jones is nursing arts instructor; Mrs. Mitchell is surgical clinical instructor.

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pamphlets to give to the audience on "Child Training," etc. A series of maps showed the widespread distribution of the public health nurses in the province.

D. *Oxygen therapy*: Our medical instructor concentrated on the proper use of the oxygen tent. So thoroughly convinced is she of the importance of the correct use of this tent that she captivated her audience and convinced them too. She also demonstrated the use of the oxygen analyzer in connection with the tent.

E. *Neurosurgery*: An outline of the nursing care of the unconscious patient was placed on a blackboard for quick reference on the part of the viewing audience. Trays associated with this nursing care, such as special mouth and eye care, were also displayed. The lecturer emphasized and demonstrated the purpose, mechanics and indications of a tidal drainage unit, and it actually worked! This demonstration was also a follow-up of a doctor's lecture on the care of the unconscious patient.

F. *Water-sealed chest drainage*: A live patient (spontaneous pneumothorax) with an authentic cough was present. We developed a clinical situation on the board and demonstrated the two-bottle water-sealed drainage in three dimension by the use of rubber catheters, chalk, microfilm and blackboard. For further emphasis, the Stedman pump connected to a water-sealed system was demonstrated. Copies of the hospital procedure and postoperative orders for chest surgery were available for anyone interested.

G. *Care of burns*: Many people came to the conclusion on first viewing this demonstration, that we had borrowed not only hospital equipment but a patient as well. Members of the St. John Ambulance Nursing Division by means of casualty simulation made the "patient" appear severely burned. Part of the body was wrapped in order that methods of treatment by occlusive dressing might be discussed, and other "burns" were left exposed. To make the situation complete, such equipment as intravenous, continuous catheter drainage and the Stryker frame were added.

H. *Care of orthopedic patient*: In this demonstration the proverbial Mrs. Chase had her left leg encased in a Thomas splint with a Pierson attachment. Our lecturer displayed intra-medullary nails, the various hip prostheses and also discussed drug therapy in orthopedics.

I. *Pediatric and newborn care*: This consisted of an Isolette incubator, a portable Kreiselman resuscitator for newborn infants, a croupette and a Mistogen apparatus. There was also a table with a display of miscellaneous items used for infants and children, such as a safety I.V. set for infants, the plastic urine collector, plastic feeding tubes and suction catheters, literature available to mothers, etc. The croupette was displayed with a doll for a patient, and the Isolette was graced with a rather battered Wettums doll borrowed from a young friend of the demonstrator.

The audience was given evaluation forms to fill in and from these we have taken suggestions which we feel will be helpful in planning another such demonstration. We believe that we erred in trying to concentrate such a great diversity of material into the short time allowed. It was difficult for people to see all the demonstrations and absorb the information given by the nurses. We would suggest that the demonstration of an oxygen tent, for example, should accompany a lecture on related medical conditions. Another pattern would be for the group of demonstrations to have a longer time, perhaps an entire day instead of an evening. It is advisable to keep a more rigid control over the viewers than we did. Some people tend to wander at will and this makes controlled demonstrations much more difficult for the lecturer.

In summing up we feel that the essential elements in planning and conducting this demonstration night were as follows:

(a) The expressed desire of a large proportion of our audience to see such demonstrations.

(b) Planning which began early and was revised and polished at group meetings.

(c) The cooperation of the hospital in lending space, equipment, and maintenance personnel to help in moving the equipment.

(d) The willingness of nursing education and nursing service personnel of the hospital, the public health nurses, and St. Johns' Ambulance Unit to give freely of their time and experience.

Two new freedoms for the modern woman

"The menstrual function should entail no worthwhile discomfort and no interference with the normal activities."[1] "The chief virtue of the tampon is that it gives complete freedom."[2]

Freedom of action. "Tampons have the advantage of being wholly internal and much more comfortable than wearing a pad or a napkin."[3] And Tampax can cause no perineal irritation or chafing — even for the most active woman.

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Canadian Tampax Corporation, Limited, Brampton, Ont. 1. Novak, E., and Novak, E. R.: "Textbook of Gynecology," 1952. 2. Bernstine, J. B., and Rakoff, A. E.: "Vaginal Infections, Infestations and Discharges," 1953. 3. Janney, J. C.: "Medical Gynecology," 1950. 4. Karnaky, K. J.: "Clin. Med." 3:545, 1956

In Memoriam

Marian (McAllister) Allingham, who graduated from Ontario Hospital, Orillia in 1932, died recently. She had engaged in private nursing.

* * *

Lt. N/S **Sophia L. (Carr) Anderson** died on August 12, 1959 in Toronto.

* * *

Gwendolyn P. (Simms) Appleby, a graduate of St. Paul's Hospital, Vancouver died on June 26, 1959.

* * *

Mary Joan (Mapplebeck) Barr, a graduate of Royal Victoria Hospital, Montreal in 1947, died in a car accident on August 5, 1959. She had engaged in institutional nursing and nursing education.

* * *

Kate Charnley who graduated from Brantford General Hospital, Ont., died recently in England. For many years she had served as supervisor in the Maternity Department of B. G. H.

* * *

Katherine (Keaney) Chipperfield, a graduate of St. Michael's Hospital, Toronto in 1914, died on March 12, 1959. She engaged in private nursing early in her career and later became one of the first public health nurses in Toronto.

* * *

Helga Grimolfina (Thordarson) Christopher, a graduate of Vancouver General Hospital, died on July 21, 1959.

* * *

Florence M. Fagan died suddenly on June 26, 1959 at Muskoka Hospital, Gravenhurst, Ont.

* * *

Florine Elizabeth Hagan who graduated from the General Hospital, Woodstock, Ont. in 1901, died on June 11, 1959. She had engaged in private nursing throughout her professional life.

* * *

Ruth M. (Coughlin) Henderson who graduated from St. Joseph's Hospital, London, Ont. in 1925 died recently.

* * *

Nellie (Williams) Jones, a graduate of Ontario Hospital, London in 1908, died on June 29, 1959. She had been on the staff there 31 years when she retired in 1953.

* * *

Elizabeth (Hanlon) Kelly, a graduate of St. Michael's Hospital, Toronto in 1914 died on April 11, 1959. She engaged in private nursing until her marriage.

* * *

Rosa Marie (Madsen) Lawrence who graduated from Chipman Memorial Hospital, St. Stephen, N.B. in 1927 died on July 9, 1959 after a long illness. During her professional life she had engaged in private nursing.

* * *

Elizabeth Josephine LePan who graduated from Toronto General Hospital in 1949, died on January 21, 1959. She was an inspector of schools of nursing with the Ontario Department of Health at the time of her death.

* * *

Yvonne Levesque, a graduate of Notre Dame Hospital, Montreal, died on August 13, 1959 after a long illness. Her professional life had been devoted to public health nursing with the City Health Department, Montreal. She had retired in 1958.

* * *

Catherine (Cameron) Mercer, a graduate of St. Joseph's Hospital, Glace Bay, N.S., died on May 28, 1959. For many years she had operated a nursing home in Montreal.

* * *

Geraldine (Foote) Merrifield who graduated from St. Paul's Hospital, Vancouver died recently after a short illness.

* * *

Katherine O. McNally, a graduate of Victoria Hospital, London in 1920, died on September 26, 1958. She had engaged in private nursing.

* * *

Jean (McDonald) Perry who graduated from St. Michael's Hospital, Toronto in 1943 died during 1958. She had engaged in private nursing during her professional life.

* * *

Barbara A. Robertson who graduated from Wellington Hospital, New Zealand died on June 22, 1959. Mrs. Robertson was a former president and nurse director of the Canadian Mothercraft Society — an organization founded by herself and her husband. During her lifetime, she gave over 30 years of voluntary service to nursing.

* * *

Mary Jane Ryan who graduated from the Homeopathic Hospital (now the Queen Elizabeth Hospital) of Montreal in 1899 died on August 30, 1958 after a long illness. She retired from active nursing in 1947.

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For a sample supply and literature citing references 1-15 write . . .

Typical Case History

CASE #50. Baby R.S., age 12 months, weight 20 lb. 10 oz., had gastrointestinal discomfort and malaise associated with teething. Baby had no teeth as yet, but gums were tender, puffy and swollen. Baby was cranky, irritable, restless and couldn't sleep. Drooling was excessive; appetite poor.

BABY'S OWN TABLETS were given, one each night at bedtime.

Baby had satisfactory relief of symptoms. Appetite improved. First days, then nights, became more comfortable. Baby now has six teeth.

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Helen Salem, a graduate of St. Joseph's Hospital, Toronto in 1958, died in a car accident on August 1, 1959. She had been engaged in institutional nursing.

* * *

Audrey Loretta (Tunks) Scanlon, a graduate of Victoria Hospital, London in 1927, died recently.

* * *

Gina Vaillancourt, a graduate of Toronto General Hospital in 1918, died recently. She had engaged in private nursing.

In the Good Old Days

(The Canadian Nurse, OCTOBER, 1919)

Self Governement in the Training School.

Extracts from an article by Elizabeth Russell.

Of course, the government of students has appeared first in college life; that was inevitable, as the residence problem there is so much simpler than that of the hospital. The question is, do we really want this system in our training schools? All the possible advantages that have been suggested by the students and the staff, can be summed up in three points:

1. Will discipline be better maintained than formerly?

2. Will the student nurses be better satisfied or have happier living conditions?

3. Is there any other less apparent, but more valuable gain brought by this new factor in the training school environment?

Let us consider now the disadvantages and difficulties that are going to confront us at once with this system.

1. The most ardent supporters of student government will agree that it is only in the experimental stage. Therefore, the undertaking may be a troublesome experiment that may have to be abandoned.

2. The disadvantage that will seem greatest to some is the placing of some student nurses in apparent authority over their fellows. Can that be justified? Can it be understood, or are you asking too hard a thing from those who accept office?

3. In any circumstance it is impossible to get our whole body of students for a meeting. Some must always be on duty.

4. In hospital life there is a unique situation. Work and sleep are always going on simultaneously, both day and night. Is it possible for the student body to appreciate the difficulties of the situation they are expected to control?

5. The student nurses are very busy and have very little free time. This student government means added work and responsibility which, according to some, they do not want.

Some conclusions: "There should be some type of student organization in the training school which should be given responsibility along certain lines. This responsibility should be very definitely outlined, and it should have to do only with such matters as affect the nurses off duty . . . There is no question in my mind that this provides the most satisfactory method of controlling a group of young people. It seems to me that it is markedly more efficient than our former system.

"It is quite true that I have been interested in student government for several years, and I have tried it out experimentally.

A community chest has two main functions. The first is to raise funds each year for affiliated social, health and recreation services and then to distribute the funds in accordance with a systematic budget procedure. The second is to promote, in cooperation with the community welfare council, the effective planning, coordination and administration of these services in the community.

— The Canadian Welfare Council.

The first charitable organization in Canada was established in 1688 after begging was prohibited by the Supreme Council of New France.

* * *

Not many sounds in life exceed in interest a knock at the door.

* * *

Speaking without thinking is shooting without aiming.

— *English Digest.*

Food Habits of New Canadians

Since World War II, thousands of men, women and children from European and Asiatic countries have come to live in Canada. The populations of most large Canadian cities are now made up of a variety of ethnic groups. Many of these new Canadians have learned English quickly, and have tried to adapt to our Canadian way of life. Others, because of the language barrier and the necessity of forming new living patterns to suit their newly adopted country, have encountered many problems. Not the least of these has been the regulation of their eating patterns. Foods which were common fare in their homelands may not be available here — or may be too expensive for normal use. Canadian foods tempt them, but they hesitate to try them, and often are unfamiliar with methods of preparation and cooking. Even ordinary kitchen equipment — stoves with ovens, refrigerators, home freezers, electrical appliances — are unfamiliar, and they have little opportunity to learn how to use them.

Many government departments and other groups and organizations have established teaching programs, set up information centres and prepared instructional literature for the guidance of new Canadians. Because those who are responsible for these programs are often not familiar with traditions and customs in Europe and Asia, instruction and literature pertaining to food and nutrition have largely been based upon Canadian eating patterns which conform to Canada's Food Rules. It is recognized that too little emphasis has been placed upon encouraging new Canadians to retain traditional eating habits which are nutritionally satisfactory, even though they may not follow our familiar patterns.

Several years ago, members of the Toronto Nutrition Committee decided that a food habits guide was needed for public health workers, dietitians, teachers and others concerned with the welfare and nutritional status of new Canadians in the Toronto area. They agreed that such a guide should include the eating patterns of the various ethnic groups in their homelands, as well as details of new eating habits formed after they came to Canada. It was proposed that such information could be used to evaluate traditional eating patterns in terms of Canada's Food Rules, so that satisfactory habits could be encouraged and suggestions made to change unsatisfactory habits.

The report, "Food Habits of New Canadians" has been compiled by the Toronto Nutrition Committee in an attempt to fill this need. It should be remembered that it is only a guide, and that it represents conditions in the Metropolitan Toronto area only. But, because this type of information is not available elsewhere in Canada, the Bakery Foods Foundation, the consumer research and educational organization of Canada's Baking Industry, is pleased to be able to make this important report available for the use of any nurse. Requests for copies (50c per copy) should be addressed to: **Room 311, 20 Carlton Street, Toronto 5, Ontario.**

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Supervisors $3,840 - $4,440 per annum. **General Duty Nurses** $3,480 - $4,080 per annum. 40-hr. work wk., Civil Service holidays, sick leave & pension program. Apply to: Baker Memorial Sanatorium, Calgary, Alberta.

Assistant Matron — maximum gross salary $330. Must be a graduate of at least 5 years — preferably with a course or at least experience in administration of hospital nursing services. **Operating Room Nurses** — $279.50 - $309.50; additional $10 for postgraduate course. **General Duty Registered Nurses** — $269.50 - $299.50 **(Urgently Required)** for a busy 45-bed hospital with program to start building this year, a completely modern 70-bed hospital. 40-hr-wk. as soon as sufficient staff available, 21-days vacation after 1-yr. service, 9 statutory holidays, $30 per mo. deduction for room, board & laundry. Personnel policies will be forwarded on request. For further information, apply: Miss J. Wickett, Matron, Municipal Hospital, Peace River, Alberta.

Psychiatric Clinical Instructor to teach affiliating students in 8-wk. program for 1,500-bed active treatment hospital conducting an accredited school of nursing. Salary range: $4,320 to $5,160 per annum. 40-hr. wk., civil service holidays, sick leave & pension benefits. Residence with board, if desired, $30 per mo. Apply stating qualifications & experience to: Superintendent of Nurses, Provincial Mental Hospital, Department of Public Health, Ponoka, Alberta.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary $255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) lake resorts etc. Apply to: Mrs. J. Bergquist R.N., Matron, Municipal Hospital no. 43, Bentley, Alberta.

General Duty Nurses (4) for 64-bed hospital. Salary according to Alberta regulations, $5.00 increase after 6-mo. for 6 increases. 4-wk. paid vacation after 1-yr. service, statutory holidays, sick leave. Transportation up to $50. refunded after 1-yr. service. Apply Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk., with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

BRITISH COLUMBIA

Operating Room Supervisor for modern 154-bed General Hospital. Please reply stating age, qualifications & experience. Salary based on above. **General Duty Nurses.** Generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required; 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary $295-$354. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper-Prince Rupert Highway, 70-mi from Prince George. Salary $290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence $50 per mo. Also **Certified Practical Nurses (3)** salary $190 per mo., 1½-days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior St. John Hospital, Vanderhoof, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary $270 per mo. with $10 yearly increment. Board & room $40, 1½ day sick leave per mo. 40-hr. wk., 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

General Duty Nurses for small active hospital. Salary $250 for unregistered. $260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for new 60-bed acute General Hospital on Vancouver Island R.N.A.B.C. contract in effect, new residence, good personnel policies. Further information from Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

General Duty Nurses (all floors). **Operating Room Nurse** (1—experienced for new 125-bed hospital to be opened early in autumn. Commencing salary: $280 per mo. or $294 for 2-yr. satisfactory experience, plus $10 per mo. additional for postgraduate certificate in any of the nursing fields. Supervisory Positions available, salary $315-$378. For further information write to: Director of Nursing, Prince George & District Hosp., Prince George, B.C.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary $283 per mo. with $10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurses: starting salary $288 if 2 yr. experience, $275-$330 in 4 yr. Non registered $260. Maintenance $50, 10 statutory holidays, 4-wk. annual vacation, 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses — Operating Room Nurses with postgraduate course or equivalent required for new 147-bed General Hospital. Personnel policies in accordance with B.C.R.N.A. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary $280-$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary $275 with regular increases. Board & room $25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for general duty (2) for 27-bed Community Hospital. Salary: $280 per mo. with 3 annual increments of $10 per mo. Room, board & laundry $40. 28-days vacation after 1-yr. service. Graduate complement 6. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

Operating Room Nurses (4) to increase service in O.R. & emergency ward. Postgraduate preparation preferred but suitable experience accepted. Basic salary: $280.80 per mo. plus allowance for preparation & experience. 10 mi. from Vancouver. Apply: Miss Ada George, Director of Nursing, Surrey Memorial Hospital, P.O. Box 190, North Surrey, British Columbia.

Operating Room Nurses with postgraduate training & **General Duty Nurses** for 450-bed hospital. B.C. registration required, salary & personnel policies in accordance with R.N.A.B.C. Apply: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia.

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Registered Nurse (for general floor duty). Salary $290 per mo. less $25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurse (1—Immediately) for 11-bed hospital. Salary: $300 per mo. with increments, less $25 per mo. full maintenance, living quarters in hospital. Please apply to: Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurses (2) Licensed Practical Nurse (1) for modern 20-bed hospital. Salary $290 & $195 respectively, 40-hr. wk., 4-wk. vacation per year. Apply to: Matron, Memorial Hospital, Deloraine, Manitoba.

Registered Nurse (1) Licensed Practical Nurse (1) for 30-bed hospital. Salary $270 & $195 per mo., respectively with $5.00 increases every 6-mo. Excellent working conditions; 40-hr. wk., overtime pay; living quarters. Apply stating age & qualifications to: Mrs. R. Maiers, Superintendent, District Hospital, Roblin, Manitoba. or phone 180 collect.

General Duty Registered Nurse for 18-bed hospital, 70-mi. from Winnipeg. Daily bus service. Salary $290 per mo. For personnel policies write or phone Vita No. 1, The Governing Board, Vita Hospital District No. 28, Vita, Manitoba.

NEW BRUNSWICK

Head Nurses & General Staff Nurses for new 26-bed psychiatric division opened July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New Brunswick.

NEWFOUNDLAND

Registered Nurses (4) Operating Room Nurse (1) for 120-bed General Hospital. Salary on Newfoundland Government scale plus $150 bonus end each 6-mo. service, one (1) way transportation paid, customary vacation with pay after 12-mo. service, plus all statutory holidays. Interested persons apply to: Dr. J. M. Olds, Superintendent, Notre Dame Memorial Hospital, Twillingate, Newfoundland.

NOVA SCOTIA

Supervisor for Obstetrical & Surgical floor for small hospital situated on beautiful South Shore of Nova Scotia. Good personnel policies & salary. Applicant must have had supervisory experience. Apply to: Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1-yr Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville N.S.

ONTARIO

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy its many winter sports along with excellent swimming & other summer activities. Apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Assistant Superintendent with X-Ray experience for 31-bed General Hospital. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Head Nurse for newborn nursery in new department. Previous supervisory experience essential. Good personnel policies. 5-day wk. For information apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (2) for small well equipped hospital, 30 miles from Ottawa. Liberal salary. Apply: Superintendent, The Rosamond Memorial Hospital, Almonte, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary $265-$295 for nurses currently registered; $245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurses for 200-bed hospital for the chronically ill. Starting salary $255, 5 day wk., 1-mo. annual vacation. Residence accommodation available. Apply to: Director of Nursing, Parkwood Hospital, 81 Grand Avenue, London, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: $265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses for Canadian Army. Officer status. Salary starts $275 - 6-mo. $375 - 3-yr. $409. Regular Staff duties & opportunities for specialization; 30 day leave per year with pay, free medical & dental care; full pay when hospitalized; excellent pension plan for career officers, retirement 45-49. Opportunities for travel. For particulars apply: Army Headquarters, (D Man M2) Ottawa, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary $12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary $255 & $180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty in modern 105-bed hospital on the shores of beautiful Georgian Bay, 40-hr. 5 day wk., residence available. Apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty. Salary commensurate with experience & qualifications. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary $290-$335. 28-day vacation after 1-yr. C.N.A. salary $210-$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience $5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence $28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for Surgical Floor in 163-bed Sanatorium. Excellent personnel policies. Residence accommodation available. Apply: Director of Nursing, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

Registered Nurses for General Duty in modern 18-bed. Private Hospital in iron mining town. 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary $268 minimum to $303 maximum for experience, less $20 per mo. maintenance. Transportation allowance after 6-mo. service. **Operating Room Nurse,** starting salary $288 minimum with postgraduate course, $323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses (2) for General Duty in modern 90-bed hospital, salary $255 per mo. 3 annual increments, accumulative sick leave. Excellent recreational facilities in town near cities & resorts. Room & meals at reasonable rates. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. **Salary: $260 per mo.** with semi-annual merit increments, **plus annual bonus plan.** Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, **Sudbury,** Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary $250 per mo., $215 for Graduates. 40-hr. wk., group life, accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty (4) Certified Nursing Assistants (2) replacements for ones who have been married. For 105-bed hospital in a town of 15,000 population. Gross salary ranges from $210-$240 with annual increments. 3-wk. vacation, 7 statutory holidays, Blue Cross medical/surgical participation, 14-day sick leave, no night duty. except in Obstetrical Dept. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active, interesting community social life in the heart of the beautiful Ottawa Valley. Active Ski, Curling & Golf Clubs, also the home of the famous Pembroke Lumber Kings Hockey Team. 2 Theatres & a "Drive-In". Forward application to: The Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses & Operating Room Nurses (Immediately) for 100-bed active hospital located 25-mi. from Toronto. 40-hr. wk., good salary, modern residence available. Apply: Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Starting salaries $255-$270 according to qualifications, 40-hr. week, good personnel policies. Adjacent attractive residence available. Room & board $40; recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $250-$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 100-bed hospital. Salary $260 per month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses (all departments) for 350-bed General Hospital, gross starting salary $255 per mo., 40-hr. wk. Apply to: Director of Nursing, the Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

General Duty Nurses & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses (2). Salary for Registered Nurses $220 plus maintenance. 5-day wk. Please apply to: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for **General Staff Nurses.** Basic salary $250 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

General Staff Nurses ($255) & **Certified Nursing Assistants** ($193). 5-day, 40-hr. wk. Generous personnel policies. Please apply Director of Nursing, General Hospital, St. Catharines, Ontario.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary $245-$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Public Health Nurses (qualified) for generalized program. Salary $3,390-$3,990 based on experience. Good personnel policies, 5 day wk., superannuation, Ontario hospital insurance, Blue Cross & P.S.I. benefits. Apply to: Director of Public Health Nursing, City of Ottawa, Health Department, 111 Sussex Drive, Ottawa, Ontario.

Public Health Nurses (qualified) for generalized program. Salary schedule $3,500-$4,400; 5-day wk., allowance for experience in public health, increments $150; 4-wk. vacation, pension plan, P.S.I. (complete) car allowance or car provided. Apply to: Director, St. Catharines-Lincoln Health Unit, St. Catharines, Ontario.

Operating Room Nurses for general operating room work which includes cardiovascular neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Staff Nurses for modern well equipped department, gross starting salary $255 per mo., rotating hours of duty. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

QUEBEC

Registered Nurses for modern 60-bed General Hospital, 40-mi. south of Montreal. Salary $250 per mo., $5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Board & accommodation available in new motel-style nurses' residence. Apply: Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses (2) Immediately: to institute 40-hr. wk., for small General Hospital 40-mi. from North Bay, Ontario. Good salary in effect, 1-mo. annual vacation. Living accommodation $15 per mo. in nurses' residence. Pleasant community life with variety of winter & summer recreational activities. Please apply to: Hospital Matron, I. Irwin R.N., Canadian International Paper Company, Temiskaming, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary $235 with full maintenance in nurses' home at $35; 3 increases at 6-mo. intervals to $250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., Huntingdon County Hospital, Huntingdon, Que.

Assistant Head Nurses; Afternoon Supervisor excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

BERMUDA

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

SASKATCHEWAN

Registered General Duty Nurses for 25-bed hospital in progressive area. Salary $290-$320 per mo. gross, 40-hr. wk. 3-wk., annual vacation, accumulative sick leave. New nurses residence. Apply to: Sec.-Manager, Union Hospital, Leader, Saskatchewan.

Graduate Nurses (2) urgently required for 8-bed hospital in southern Saskatchewan. Salary $260-$290 less $35 maintenance, 3-wk. vacation plus statutory holidays, 40-hr. work wk. & bonus after 1-yr. service. Travel fare advanced if necessary. Apply to: Mrs. D. L. Knops, Secretary-Treasurer, Union Hospital, Rockglen, Saskatchewan.

U.S.A.

Registered Nurses for modern 191-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director. Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty; $345 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot road, Castro Valley, California.

Registered Nurses (Spend the winter in sunny California). Starting salary for graduates with no experience is $375 per mo. Earn, learn & enjoy life — all at the same time. Send summary of experience & education. Give shift & service preference. We will send you full information about opportunities available. Write: Betty Hartwig, R.N., County General Hospital, 1200 North State Street, Los Angeles 33, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary $330 plus $22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered Nurses Salary $325-$390 or commensurate with experience differential on p.m. shift $2.00, nights $1.50. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

(1) Public Health Nursing Supervisors: up to $5,220 depending upon qualifications and location.

(2) Directors of Nursing in Hospitals: up to $4,950 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to $3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to $3,540 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to $200 per month depending upon qualifications and location.

- Room, Board and Laundry in residence at reasonable rates. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

(1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.

(2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.

(3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.

(4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.

(5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.

(6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.

(7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

(or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Registered General Duty Nurses for modern accredited 76-bed hospital (South Central California near Sequoia National Park). Beginning salary: $315 per mo., annual increases. Excellent working conditions. Ideal community. Winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details write: Administrator, Memorial Hospital at Exeter, Exeter, California.

General Duty Nurses for 600-bed teaching hospital in central California. In-service educational program, college community, good fringe benefits. Salary range $341-$413. Apply: Personnel Director, 732 East Main St., Stockton 2, California.

Operating Room Nurse for large General Hospital in Central California. Salary range $358-$433. Liberal personnel policies, good fringe benefits, day duty, no on call. Require California registration or eligible plus 1-yr. of experience. Apply: Personnel Director, 732 East Main Street, Stockton, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 200-bed General Hospital; heart of Los Angeles cultural & educational center. **General Duty:** $335 per mo. minimum-days. $25 dif. for 3-11 & $20 dif. for 11-7. Time & ½ over 40-hr. wk. Soc. Sec., State Dis. Ins. 2-wk. vacation end of 1-yr. 3-wk. after 5-yr. 7 paid holidays 12 day sick leave. Cotton uniforms laundered. Nurses' residence $10 per mo. Graduates of accredited schools. California license obtainable immediately. Apply: Mildred Croddy, R.N. Director of Nurses, Santa Fe Coast Lines Hospital, 610 South St. Louis Street, Los Angeles 23, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary $330 per mo., $15 per mo. merit increases at 6, 12, 24 & 36-mo. 40 hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

General Staff Nurses positions available in Medical-Surgical & Intensive Care units in modern 238-bed hospital. Starting salary $335 per mo. with tenure increases; differential pay for 3-11 & 11-7 shifts of $15 per mo. Liberal personnel policies, opportunities for advancement, social security, hospitalization insurance provided by hospital. Apply: Director of Nursing, Samuel Merritt Hospital, Oakland 9, California.

Emergency Room Nurse (3-11) for 154-bed General Hospital located in beautiful residential surburb along the north shore of Chicago. Starting salary $340 for days, $370 for evenings, $360 for nights, 40-hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: $340 for days $370 for evenings, $360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk., attractive salary & other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Graduate Staff Nurses (Opportunities in the United States) for well equipped 400-bed nonsectarian General Hospital affiliated with Medical School. New salary rates: day shift $340-$370 per mo. afternoon & nights $370-$400 per mo. Comfortable low cost living accommodation in attractive residence building Write to: Director of Nursing Service, Dept. CJN, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

Registered Nurses: Applicants must speak & write proficient English. Starting salary from $310 per month plus a differential for evening work. Apply to: The Personnel Director, The Gary Methodist Hospital, 1600 W. 6th Avenue, Gary, Indiana.

UNIVERSITY of MINNESOTA HOSPITALS

Large teaching and research center located on the University Campus in Minneapolis, "City of Lakes".

General Staff Nurse positions available at a salary of $329 per month with liberal personnel policies.

Facilities include all clinical services and there are many opportunities for advancement.

Excellent educational, cultural and recreational activities available.

ROOMS AVAILABLE IN ATTRACTIVE CONVENIENT NURSES' RESIDENCE

Apply to: DIRECTOR OF NURSING SERVICES

UNIVERSITY of MINNESOTA HOSPITALS

Minneapolis 14, Minnesota

Registered Nurses for new 750-bed municipal hospital. Salary $3,700 per year with $100 yearly increments reaching maximum of $4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

General Duty Nurses (all shifts) for 106-bed fully approved rural hospital, located in beautiful Kittatiny Mountains, 1½-hr. out of New York City. Starting salary $265 plus meals on job, laundry of uniforms, liberal shift differential, merit raise system & fringe benefits, living accommodations available. Contact: Director of Nursing Service, Memorial Hospital, Newton, New Jersey.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries $300 per mo., $15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartments available at $17 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

Graduate Nurses (Staff & Operating Room) for 88-bed modern accredited General Hospital. Liberal personnel policies, college town 30,000, 85% sunshine belt, altitude 3,860. Dry, mild, all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Staff & Head Nurses for large modern tuberculosis hospital in suburban Cleveland. Nurses eligible for Ohio registration start at $355 monthly with ½-yearly increments. Evening nurses receive $1.50 extra daily & night nurses $1.00 extra daily. Attractive completely furnished 2-bedroom homes available for 2 single nurses or a married nurse & family. 40-hr. 5-day wk., paid vacation & 6 holidays, liberal sick leave cumulative to 90-day. Excellent retirement plan. Approved by joint committee on accreditation of hospitals. Write: Director of Nursing Service, Sunny Acres Hospital, Cleveland 22, Ohio.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: $339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon

Staff Nurses (all services) for University of Texas Medical Branch, teaching hospital (air conditioned). Good personnel policies. Base salary, rotation: $290 per mo. Evenings or night. $304 per mo. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

General Duty Nurses (2) for modern 17-bed hospital in beautiful country on west coast of Vancouver Island. Salary commencing $275 with yearly increments of $10, room & board in newly completed nurses' residence $40 per mo. Apply to Matron, General Hospital, Tofino, British Columbia.

ALBERTA

Assistant Registered or Graduate Nurse for Doctor's Office. Good salary & personnel policies. Apply to: Dr. J. E. Bradley, Wainwright Clinic, Wainwright, Alberta.

General Duty Nurses (2) for modern 34-bed hospital. Salary $230 per mo. plus full maintenance, 3 annual increments at $10 per mo., 1-mo. per year holiday pay, 2-wk. sick leave. If employed for 1-yr. a refund of train fare from any point in Canada will be given. Apply to: Municipal Hospital, Two Hills, Alberta, Phone 335.

BRITISH COLUMBIA

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary $275-$327. Pre-planned shift rotation, B.C. registration essential. 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Dedicated Christian Nurses with a missionary vision desiring to witness for the Lord while working in the hospital, please write: Esperanza General Hospital, Ceepeecee, British Columbia. Remuneration adequate.

Laboratory Technician (1) Graduate Nurses (3) for 41-bed hospital. Starting salary for R.N.'s, $265 per mo., $255 till registered. 40-hr. wk., 10 statutory holidays, 28 days paid vacation after 1-yr. service, 1½-day sick leave per mo., uniforms laundered. Apply: Sister Superior, Providence Hospital, Fort St. John, British Columbia.

Graduate Nurses for 25-bed hospital, 35-mi. from Vancouver on the coast. For salary rates & personnel policies, apply to: Director of Nursing, Squamish General Hospital, Squamish, British Columbia.

General Duty Nurses for 32-bed General Hospital, 5-hr. from Vancouver; salary $265 for unregistered, $280 registered, $10 increase after 1st & 2nd yr; less $45 room & board; 40-hr. wk. uniforms laundered; nurses' home. Apply: Administrator, St. Bartholomew's Anglican Hospital, Lytton, British Columbia.

ROYAL PERTH HOSPITAL

WESTERN AUSTRALIA

NURSING TUTORS

See Australia on a working trip (with a travel grant)
Prior to the 1961 International Congress of Nursing in Melbourne!

Temporary appointments are offered to qualified Tutors who can give at least one year's service. This scheme could be of assistance to Nurses from Canada who wish to attend the Congress in Australia but who might not otherwise be able to do so.

One year's service, with a travel grant (amount according to individual arrangements) would enable Tutor Sisters to visit Australia without breaking permanent appointments, and would provide generous annual leave provisions — ample to cover a trip to Melbourne, time at the Congress and for holidays. Successful applicants would thus have the benefits of actual experience of nursing conditions in Australia and could make Australian contacts in advance of the Congress — all of which would greatly enhance the value of attendance.

Royal Perth Hospital (650-beds) is the principal teaching hospital associated with the Medical School (University of Western Australia). The School of Nursing is well equipped and provides a modern training system. Normal School establishment includes 8 posts for qualified Tutors and at present there are vacancies for both temporary and permanent appointments.

Salary: £A796 per annum. This rate is under review and may shortly be increased. A year's service would earn 3 weeks' (teacher's leave) between School Terms, plus one month annual leave — all with full pay. Employer's share of Superannuation contributions can be maintained.

In addition to relevant personal details, applications must include full particulars of qualifications, experience, name of training school, a list of hospital appointments and names of two referees, and be addressed to the Matron.

Further information as to general conditions may be obtained from the undersigned.

JOSEPH GRIFFITH,
Administrator.

ONE (1) ADDITIONAL SUPERVISOR

- For Nursing Office
- Interested in Medical and Surgical Supplies
- Opportunity for an executive future in "Extended Illness"
- Good salary-working conditions, pension.
- Living-in residence optional.

Apply Administrator:

The Queen Elizabeth Hospital,
Toronto, Ontario.

ONTARIO

Public Health Nurse for generalized program, including bedside nursing, 1-mo. vacation after 1-yr. Interest-free loan for purchase of car. Transportation allowance at 10¢ per mile. Apply to: The Director, Lennox & Addington County Health Unit, Napanee, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range $3,500 - $4,370, annual increment $175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Obstetrical Nursing Supervisor and Head Nurse for Delivery Room for active 133-bed maternity floor (including nursery). Modern Hospital beautifully located on Lake Ramsay. Operated by The Sisters of St. Joseph. Apply: Director of Nursing, Sudbury General Hospital of the Immaculate Heart of Mary, Sudbury, Ontario.

Clinical Instructress in Psychiatric Nursing (1) Salary $3,900-$4,200, 40-hr. wk., 3-wk. annual vacation. Apply to: Miss Pearl C. Graham, Director of Nursing, Ontario Hospital, New Toronto, Ontario.

QUEBEC

Nursing Superintendent for modern, accredited 60-bed hospital. Living accommodation available. Apply stating qualifications & salary expected to: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

U.S.A.

Supervising Nurse $371-$439; **Staff Nurse** $332-$392 for California Hospital treating pulmonary & chronic diseases (rehabilitation), children & adults. Eligible California registration. Excellent working & living conditions, Sierra Nevada foothill area. Write: Director of Nursing, Tulare-Kings Counties Hospital, Springville, California.

General Duty Nurses (English Speaking) 500-bed General Hospital in sunny Southern California. $330-$375 base plus $33 shift differential upon registration. **Operating & Delivery Room Nurses** $340-$385 upon registration plus $33 shift differential. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence. Apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary $300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

General Duty Nurses with opportunities for promotion to **Head Nurse** or higher for new 748-bed hospital located on 128 acres of land in eastern suburb of Cleveland, Ohio. Starting salary $4,140 with periodic merit increases to $4,620 per year. Progressive personnel policies include 40-hr. wk., straight shifts, paid holidays, vacation & sick leave, nominal cost housing available on grounds. **Registered Nurses** licensure available through Ohio State Nurses, Board providing nurse meets requirements. Hospital affiliated with Western Reserve University School of Medicine. Positions available immediately. Additional information supplied upon request. Write to: Director, Personnel Relations, Highland View Hospital, 3901 Ireland Drive, Cleveland 22, Ohio.

NURSES REQUIRED AT

ROSEWAY HOSPITAL, SHELBURNE, N.S.

4 GENERAL DUTY NURSES
(Medical, Surgical, Obstetrical) $2,400 - $2,760

1 NURSING SUPERVISOR
$2,640 - $3,120

2 GRACE HOSPITAL GRADUATES (Obstetrical) $1,980 - $2,340

Further information may be obtained from Superintendent of Nurses, Roseway Hospital

APPLY TO: NOVA SCOTIA CIVIL SERVICE COMMISSION, P.O. BOX 943, HALIFAX, NOVA SCOTIA

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program 1959-1960

Salary: $280 - $336 general staff.

Commencing salary $294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, $286.25 - $343.25.

A clinical differential of $10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General Hospital,
Vancouver 9,
British Columbia

ONTARIO SOCIETY

For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH NURSES

For

OTTAWA-HAMILTON-TORONTO
AND OTHER CENTRES

YOU WILL RECEIVE —

- GOOD SALARY RANGE
  (Schedule revised June 1959)
- A NEW AUTOMOBILE
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You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
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92 COLLEGE ST., TORONTO 2

CHILDREN'S HOSPITAL OF WINNIPEG

INVITES APPLICATION FOR POSITION OF

DIRECTOR OF NURSING

New 250-bed Pediatric Hospital and nurses' residence with own School of Nursing and affiliate program.

Assistance in both Nursing Service and Nursing Education.

Salary — according to qualifications and experience.

For further information apply to:

SUPERINTENDENT, CHILDREN'S HOSPITAL OF WINNIPEG, WINNIPEG 3, MANITOBA.

THE GENERAL HOSPITAL OF PORT ARTHUR

has openings for

GENERAL STAFF NURSES

in all services

For further information apply to:

DIRECTOR OF NURSING,
GENERAL HOSPITAL,
PORT ARTHUR,
ONTARIO.

REGINA GENERAL HOSPITAL

SCHOOL OF NURSING

Requires:

— an Assistant Director, Nursing Education.
— and a Nursing Arts Instructor.
modern teaching facilities and progressive personnel policies.

Apply to:

ASSOCIATE DIRECTOR, NURSING EDUCATION,
REGINA GENERAL HOSPITAL, SCHOOL OF NURSING,
REGINA, SASKATCHEWAN.

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

PEDIATRIC SUPERVISOR

for 20-bed Pediatric Unit

DUTIES TO INCLUDE ADMINISTRATION OF THE UNIT AS WELL AS TEACHING OF STUDENT NURSES. ESPECIALLY ATTRACTIVE SALARY OFFERED.

For details apply to: Director of Nursing

GENERAL HOSPITAL, CORNWALL, ONTARIO.

OPERATING ROOM NURSE

For 32-bed hospital in Deep River, Ontario. R.N. Graduates with Operating Room training or postgraduate work.

Superannuation, insurance, medical and vacation plans.

Accommodation available in Staff Hotel.

State all particulars in first letter to
File 7B

ATOMIC ENERGY OF CANADA LIMITED

CHALK RIVER, ONTARIO

SOUTH PEEL HOSPITAL

COOKSVILLE, ONTARIO

(12 miles west of Toronto)

120-bed General Hospital, opened May 15th, 1958.

I. Head Nurse with experience for Medical Ward (33-bed unit).

II. Head Nurse with experience for Obstetrical Ward (24-bed unit).

III. Head Nurse with experience for Surgical Ward (32-bed unit).

Generous benefits, 40-hr. work week.

For further particulars apply:
DIRECTOR OF NURSING,
SOUTH PEEL HOSPITAL,
COCKSVILLE, ONTARIO.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C.
Salary: $324 rising to $389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C.
Competition No. 59:67

REGISTERED NURSES
$3,150 - $3,540
(According to Qualifications)

CERTIFIED NURSING ASSISTANTS
$2,040 - $2,400

Sunnybrook Hospital, Toronto — Westminster Hospital, London
Pension Plan; 3-wk. paid vacation, 3-wk. accumulative sick leave; 5-day wk.; low-cost living in staff residence.

FOR NURSES: APPLICATION FORMS AVAILABLE AT YOUR NEAREST CIVIL SERVICE COMMISSION OFFICE, OR MAIN POST OFFICE, SHOULD BE FORWARDED TO THE CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, AS SOON AS POSSIBLE.

REGISTERED NURSES, MALE OR FEMALE

SEQUOIA HOSPITAL in Redwood City, California U.S.A., has openings on its staff for Registered Nurses. Sequoia is a district hospital which was opened in 1950. With completion of a new wing in December of 1959, it will be a 355-bed hospital. Redwood City, with its population of 42,000, is located 25 miles south of San Francisco. Its slogan, "Climate Best by Government Test," is appropriate. This is a community of beautiful homes and gardens, fine schools and churches, and a hospital in which the residents take great pride.

SALARY: To start - $335 per month with $10 increase every six months to a maximum of $375 ($10.00 less for graduate nurses not eligible for registration in California); $15 differential for 3-11 shift; $10 differential for 11-7 and operating and delivery room services.

VACATIONS: After 1 year, 10 days (2 weeks); After 2 years, 15 days (3 weeks); After 3 years, 20 days (4 weeks)

Social Security - Group Insurance - Credit Union - Pension Plan.

Affidavits guaranteeing employment will be furnished qualified applicants.

For further information,

write **PERSONNEL OFFICE, SEQUOIA HOSPITAL, REDWOOD CITY, CALIFORNIA, U.S.A.**

FOR SALE

Ideal for Private Rest Home, spacious house & 3 chalets on 2 acres of beautiful riverfront property in British Columbia.

Very generous terms. Details & photos from:—

L. CUMMING — REAL ESTATE, CHASE, BRITISH COLUMBIA, OR PHONE, CHASE 12G.

CANADA'S CHEMICAL VALLEY

SARNIA, ONTARIO

REGISTERED NURSES

Required for all nursing services in this modern, fully approved (J.C.A.H.) hospital. Excellent benefits include — Regular rotation schedule with shift differential for evening & night shifts; 40-hr. wk; 9 statutory holidays; 3-wk. vacation on completion of 1-yr. service; generous sick leave policy.

Annual salary: $3,055 with increments to $3,757.

Sarnia is a growing industrial city of 50,000 population, bounded on the west by the St. Clair River & on the north by Lake Huron. It is a resort area, 60 miles from Detroit, Windsor & London.

For further information concerning the positions & Sarnia, write to:

THE PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONT.

OPERATING ROOM NURSES

opportunities are available

at

The Montreal General Hospital

for further particulars write to:

Director of Nursing, 1650 Cedar Avenue, Montreal 25, Quebec.

GENERAL DUTY & OPERATING ROOM NURSES

for 160-bed fully accredited GENERAL HOSPITAL

Starting salary $290 for new graduates, up to $315 for experienced nurses. Regular increases to $345. Surgery pays additional $25 for call plus time on call. 40-hr. wk., 8 paid holidays, 2-wk. paid vacation, sick leave. Living accommodations available in nurses' home if desired. College town of 40,000 plus 10,000 students. Within day's driving distance of most scenic western parks. Excellent hunting, fishing, skiing. 1-hr. drive to Salt Lake City.

Write or wire:

DIRECTOR OF NURSING SERVICE, UTAH VALLEY HOSPITAL, PROVO, UTAH.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

THE WINNIPEG GENERAL HOSPITAL

is recruiting

GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL HOSPITAL,
WINNIPEG 3, MANITOBA

THE CENTRAL REGISTRY OF GRADUATE NURSES TORONTO

Furnish Nurses
• at any hour •
DAY or NIGHT

TELEPHONE WAlnut 2-2136

427 Avenue Road, TORONTO 7

JEAN C. BROWN, REG. N.

REGISTERED NURSES
AND
CERTIFIED NURSING ASSISTANTS
REQUIRED FOR

44-bed hospital with expansion program, to implement a 40-hr. wk. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates & personnel policies.
APPLY TO: DIRECTOR OF NURSING,
HALDIMAND WAR MEMORIAL HOSPITAL,
DUNNVILLE, ONTARIO

TWO (2) REGISTERED NURSES

For a new modern, 57-bed hospital. — Salary $260 - $320 per month.

40-hour week, no split shifts, sick leave,
3 weeks vacation plus 8 statutory holidays,
New nurses' residence completed May 1959.
Meals, living accommodation in nurses' residence (single rooms)
and uniforms laundered for $34.50 per month.

Apply:

MRS. T. WALLACE, SUPERINTENDENT OF NURSES, KAMSACK UNION HOSPITAL,
KAMSACK, SASKATCHEWAN.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $250 to $290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses
for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

CLASSROOM
&
CLINICAL INSTRUCTORS

required

THE GENERAL HOSPITAL
OF PORT ARTHUR
SCHOOL OF NURSING

Salary schedule in conformity with R.N.A.O. recommendations. Partial fare refund after 1-yr. in service.

WRITE:

DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR,
PORT ARTHUR, ONTARIO.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: $255-$305 per mo. Certified Nursing Assistants $190-$210 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

REQUIRES

HEALTH INSTRUCTOR

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of 2-yr. of nursing education followed by 1-yr. internship. 1 class of 30 students is admitted yearly. Duties include being in charge of student health program and instructing in both classroom and clinical areas. Subjects: Health, Sociology, Microbiology and assist with Medical-Surgical Nursing. Requirements: university certificate in nursing education or public health. Salary differential for degree.

For further information apply to:

DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO.

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary $255 monthly ($117.50 bi-weekly) if registered in Ontario, $235 monthly (108.20 bi-weekly) until registered. Annual increment $10 monthly ($4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

AN OBSTETRICAL INSTRUCTRESS,
NURSES FOR GENERAL DUTY IN ALL SERVICES.

For further information write:

THE DIRECTOR OF NURSING

PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary $260 - $290 per month if registered in Ontario.
Differential of $10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

DIRECTOR -- SCHOOL OF NURSING

For a School of 90 students, organized independently of Nursing Services. The school program follows the pattern of 2 years of nursing education plus 1 year of internship.

Salary: $5,400-$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital
Windsor, Ontario

PUBLIC HEALTH NURSES

for generalized program in Seaway Development Area
usual benefits, pension plan, allowance for experience.

Apply to:—

DR. PAUL S. de GROSBOIS, M.O.H.
STORMONT, DUNDAS & GLENGARRY HEALTH UNIT,
38 AUGUSTUS STREET,
CORNWALL, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,
ESSONDALE, PROVINCE OF BRITISH COLUMBIA

Salary: $324 - $389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLOMBIA.
IMMEDIATELY. COMPETITION NO. 59:152

Residence, Cook County School of Nursing

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

. . . THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at $340-$372.50 for a 37½ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

Are you a
General State Registered Nurse?
Do you enjoy
Nursing
which brings you into
Closer Contact
with your
Patients
and their families?

Are you interested in
Research, Medical Advancement & Rehabilitation?

Have you some or no experience in
Neurological & Neurosurgical Nursing?

Do you want a
Short Term Appointment
in a unique & useful sphere?

Have you also read the advertisement under Postgraduate Nursing Education?

Then write, giving particulars of your training, to:—

Matron,
THE NATIONAL HOSPITAL
QUEEN SQUARE,
LONDON W.C.1., ENGLAND

WOODSTOCK GENERAL HOSPITAL
Woodstock, Ontario

requires

Registered Nurses
for Operating Room, Obstetrical, Medical and Surgical units.

For further information write:

THE DIRECTOR OF NURSING,
GENERAL HOSPITAL,
WOODSTOCK, ONTARIO.

GENERAL DUTY NURSES

Salary Range $263 - $301

Required by Metropolitan Toronto for the expanding geriatrics division. Positions open in the following Homes for the aged.

KIPLING ACRES — HILLTOP ACRES

RIVERDALE HOSPITAL

Benefits include statutory holidays, cumulative sick pay, pension, etc. Permanent positions, 40 hour week.

APPLY PERSONNEL OFFICE, 387 BLOOR ST. E., TORONTO 5, — WA. 4-7441

The Roosevelt Hospital

428 WEST 59th STREET • NEW YORK 19, N.Y.

APPLICATION FOR APPOINTMENT
NURSING SERVICE DEPARTMENT

NAME (PRINT) .....

ADDRESS .....

.....

BIRTHDAY ..... MARITAL STATUS .....

WHERE REGISTERED .....

POSITION SOUGHT .....

DATE AVAILABLE .....

PROFESSIONAL BACKGROUND

BASIC NURSING & POSTGRADUATE COURSES	ADDRESS	DATE OF DIPLOMA OR DEGREE

EXPERIENCE (LIST MOST RECENT POSITION FIRST)

POSITION	HOSPITAL AND LOCATION	DATE

TRANSPORTATION FROM CANADA PAID UPON APPOINTMENT TO STAFF

COMMENTS:

PLEASE INDICATE IN NUMERICAL ORDER, NURSING SERVICE PREFERRED:

☐ MEDICINE ☐ MEDICINE & SURGERY ☐ PEDIATRICS
☐ SURGERY ☐ OPERATING ROOM ☐ GYNECOLOGY

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59th STREET
NEW YORK 19, NEW YORK